

E-052-18

[ORIGINAL]

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 08/2018 EditionILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

SEP 06 2018

This Section must be completed for all projects.

Facility/Project Identification

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility Name: VHS Westlake Hospital		
Street Address: 1225 Lake Street		
City and Zip Code: Melrose Park 60160		
County: Suburban Cook	Health Service Area: 7	Health Planning Area: A-06

Legislators

State Senator Name: Don Harmon
State Representative Name: Kathleen Willis

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: SRC Hospital Investments II, LLC
Street Address: 898 N. Sepulveda Boulevard, Suite 500
City and Zip Code: El Segundo, CA 90245
Name of Registered Agent: Registered Agent Solutions, Inc.
Registered Agent Street Address: 9 E. Loockerman Street, Suite 311
Registered Agent City and Zip Code: Dover, DE 19901
Name of Chief Executive Officer: Nicholas Orzano
CEO Street Address: 898 N. Sepulveda Boulevard, Suite 500
CEO City and Zip Code: El Segundo, CA 90245
CEO Telephone Number: (213) 694-4861

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

☐ Corporations and limited liability companies must provide an Illinois certificate of good standing.
☐ Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Anne M. Murphy, Esq.
Title: Attorney
Company Name: Hinckley, Allen & Snyder LLP
Address: 28 State Street, Boston, MA 02109
Telephone Number: (617) 378-4368
E-mail Address: amurphy@hinckleyallen.com
Fax Number: (617) 345-9020

Facility/Project Identification

Facility Name: VHS Westlake Hospital		
Street Address: 1225 Lake Street		
City and Zip Code: Melrose Park 60160		
County: Suburban Cook	Health Service Area: 7	Health Planning Area: A-06

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Pipeline – Westlake Hospital, LLC d/b/a VHS Westlake Hospital		
Street Address: 898 N. Sepulveda Boulevard, Suite 500		
City and Zip Code: El Segundo, CA 90245		
Name of Registered Agent: Registered Agent Solutions, Inc.		
Registered Agent Street Address: 9 E. Lookerman Street, Suite 311		
Registered Agent City and Zip Code: Dover, DE 19901		
Name of Chief Executive Officer: Nicholas Orzano		
CEO Street Address: 898 N. Sepulveda Boulevard, Suite 500		
CEO City and Zip Code: El Segundo, CA 90245		
CEO Telephone Number: (213) 694-4861		

Type of Ownership of Applicants

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Facility/Project Identification

Facility Name: VHS Westlake Hospital		
Street Address: 1225 Lake Street		
City and Zip Code: Melrose Park 60160		
County: Suburban Cook	Health Service Area: 7	Health Planning Area: A-06

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: VHS Westlake Hospital, Inc.		
Street Address: 1445 Ross Avenue, Suite 1400		
City and Zip Code: Dallas, TX 75202		
Name of Registered Agent: The Corporation Trust Company		
Registered Agent Street Address: Corporation Trust Center, 1209 Orange Street		
Registered Agent City and Zip Code: Wilmington, DE 19801		
Name of Chief Executive Officer: Joseph Ottolino		
CEO Street Address: 1225 Lake Street		
CEO City and Zip Code: Melrose Park 60160		
CEO Telephone Number: (708) 938-7201		

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
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Telephone Number: (617) 378-4368
E-mail Address: amurphy@hinckleyallen.com
Fax Number: (617) 345-9020

Facility/Project Identification

Facility Name: VHS Westlake Hospital		
Street Address: 1225 Lake Street		
City and Zip Code: Melrose Park 60160		
County: Suburban Cook	Health Service Area: 7	Health Planning Area: A-06

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Tenet Healthcare Corporation
Street Address: 1445 Ross Avenue, Suite 1400
City and Zip Code: Dallas, TX 75202
Name of Registered Agent: CT Corporation
Registered Agent Street Address:
Registered Agent City and Zip Code:
Name of Chief Executive Officer: Ronald A. Rittenmeyer
CEO Street Address: 1445 Ross Avenue
CEO City and Zip Code: Dallas, TX 75202
CEO Telephone Number: (469) 893-2000

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
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Telephone Number: (617) 378-4368
E-mail Address: amurphy@hinckleyallen.com
Fax Number: (617) 345-9020

Post Exemption Contact

[Person to receive all correspondence subsequent to exemption issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name: Richard McKellar
Title: Senior Associate
Company Name: SRC Hospital Investments II, LLC
Address: 222 Sutter Street, San Francisco, CA 94108
Telephone Number: 213.694.4866
E-mail Address: rmckellar@stantonroadcapital.com
Fax Number: (310) 356-3492

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Westlake Property Holdings, LLC
Address of Site Owner: 898 N. Sepulveda Boulevard, Suite 500, El Segundo, CA 90245
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of Intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee after the Project is Complete

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Pipeline – Westlake Hospital, LLC d/b/a VHS Westlake Hospital	
Address: 898 N. Sepulveda Boulevard, Suite 500, El Segundo, CA 90245	
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none">o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site.

Tenet Healthcare Corporation ("Tenet"), VHS Westlake Hospital, Inc. ("VHS"), SRC Hospital Investments II, LLC ("SRC"), and Pipeline – Westlake Hospital, LLC d/b/a VHS Westlake Hospital ("Westlake OpCo"), hereby seek a Certificate of Exemption ("COE") from the Illinois Health Facilities and Services Review Board (the "Review Board") to allow consummation of a proposed transaction (the "Transaction") between Tenet and VHS, on the one hand, and SRC, on the other hand.

The Transaction contemplates a one hundred percent (100%) change in the ownership of VHS Westlake Hospital ("Westlake"), a 230 bed general acute care hospital located at 1225 Lake Street, Melrose Park, Illinois, 60160, pursuant to that certain Asset Purchase Agreement, dated July 17, 2018 (the "Purchase Agreement"). Under the terms of the Purchase Agreement, SRC will be acquiring Westlake, VHS West Suburban Medical Center ("WSMC"), Louis B. Weiss Memorial Hospital ("Weiss," and together with Westlake and WSMC, the "Hospitals"), and certain assets used in connection with the operation of the Hospitals, from Tenet, VHS, and related entities, for Seventy Million Dollars (\$70,000,000.00), subject to adjustments for working capital and capital expenditures.

VHS presently owns the real property and assets constituting Westlake. Upon completion of the Transaction (i) the real property and buildings on which Westlake is situated will be owned by Westlake Property Holdings, LLC ("Westlake PropCo"), a Delaware limited liability company, and (ii) all other assets previously owned by VHS and used in connection with the operation of Westlake will be owned by Westlake OpCo, a Delaware limited liability company. Westlake PropCo will not be involved in operations or delivery of care at Westlake. Each of Westlake PropCo and Westlake OpCo are wholly-owned subsidiaries of SRC. Westlake PropCo and Westlake OpCo will enter into a multi-year lease pursuant to which Westlake OpCo will pay fair market value rent and will be responsible for all of the costs and expenses associated with the land, buildings, and other real estate comprising the campus of Westlake. Westlake OpCo will be the hospital licensee of Westlake, and will be submitting its application for licensure upon approval of this COE application.

Westlake OpCo will enter into a Management Services Agreement with Pipeline Healthcare Management - Illinois, LLC ("Pipeline Illinois"), pursuant to which Pipeline Illinois will provide certain operations and administrative management services to the Hospitals. Pipeline Illinois will be eighty percent (80%) owned and controlled by Pipeline Healthcare Management, LLC ("Pipeline"). Pipeline has experience managing academic medical centers and community hospitals in California, Texas, Nevada, and New Mexico, including management and operation of the largest emergency room management company on the West Coast. Pipeline's national experience also includes management of (i) a network of urgent care clinics, (ii) the nation's largest telemedicine platform, and (iii) a hospitalist staffing company. In addition to its business ventures, Pipeline has a track record of implementing programs and coordinating outreach with the community-at-large. TWG Partners, LLC ("TWG") will own the remaining twenty percent (20%) of Pipeline Illinois. TWG brings to Pipeline Illinois experience in founding and developing a range of health care companies in the areas of health care technology, Medicaid-managed care, and Medicare Part D insurance operating in Illinois and other numerous other States, and a local understanding of the Chicago-area health care market and clinical operations, as well as Illinois policy, which will complement Pipeline's national health system management experience.

VHS is a Delaware for-profit corporation. Vanguard Health Financial Company, LLC, a Delaware limited liability company, is the sole shareholder of VHS. VHS is a wholly-owned subsidiary of Vanguard Health Systems, Inc., a Delaware corporation ("Vanguard"). Tenet, a Nevada corporation, is the sole shareholder of Vanguard. Accordingly, Tenet has "final control" of VHS and is a co-Applicant on this COE application. Based in Dallas, Texas, Tenet operates 68 acute-care hospitals and 470 outpatient centers in forty seven states. Employing more than 115,000 individuals (including 32,000 physicians and 33,000 nurses), Tenet reported \$19.2 billion in operating revenues in fiscal year 2017. Through its subsidiaries, partnerships, and joint ventures, Tenet operates general acute care and specialty hospitals, ambulatory surgical centers, urgent care centers, and other outpatient facilities in the United States and United Kingdom.

SRC is a Delaware limited liability company. As reflected on Attachment III of Section I, various individuals and entities hold an ownership interest in SRC (collectively, the "SRC Owners"). None of the SRC Owners holds a 50% or greater ownership interest in SRC. Simultaneous with this application, SRC is submitting COE applications to the Review Board in connection with its acquisition of Westlake and Westlake.

The Transaction is contingent upon the approval of the Review Board. The Transaction is currently scheduled to close on November 1, 2018, subject to the Review Board granting this COE. If the Transaction closes, Weiss, Westlake, and WSMC will be the first Illinois health care facilities owned or operated by SRC or its affiliated entities.

State Agency Submittals

Are the following submittals up to date as applicable:

☒ Cancer Registry

☒ APORS

☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☒ All reports regarding outstanding permits (*Note: not applicable*)

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of SRC Hospital Investments II, LLC

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Nicholas Orzano

PRINTED NAME

Managing Partner, on behalf of SRC I Healthcare Investments I, LLC (its Member)

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

SIGNATURE

Mark Bell

PRINTED NAME

Managing Partner, on behalf of Mokuleia, LLC (its Member)

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

CALIFORNIA JURAT CERTIFICATE

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

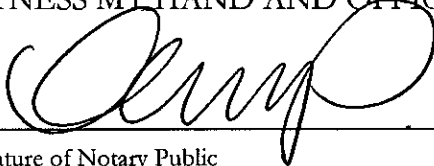
State of California

County of Los Angeles

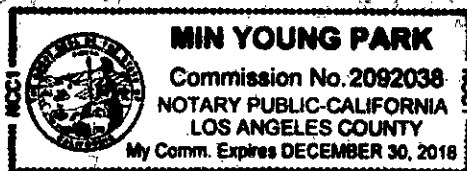
Subscribed and sworn to (or affirmed) before me on this 28th day of August
20 18, by Nicholas Orzano

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS MY HAND AND OFFICIAL SEAL.



Signature of Notary Public



(Notary Seal)

OPTIONAL INFORMATION

The jurat contained within this document is in accordance with California law. Any affidavit subscribed and sworn to before a notary shall use the preceding wording or substantially similar wording pursuant to Civil Code sections 1189 and 8202. A jurat certificate cannot be affixed to a document sent by mail or otherwise delivered to a notary public, including electronic means, whereby the signer did not personally appear before the notary public, even if the signer is known by the notary public. The seal and signature cannot be affixed to a document without the correct notarial wording. As an additional option an affiant can produce an affidavit on the same document as the notarial certificate wording to eliminate the use of additional documentation.

DESCRIPTION OF ATTACHED DOCUMENT

Certificaiton
(Title of document)
Number of Pages 1 (Including jurat)
Document Date August 28, 2018
SRC Hospital Investments II, LLC
(Additional Information)

CAPACITY CLAIMED BY SIGNER

☒ Individual
☐ Corporate Officer
☐ Partner
☐ Attorney-In-Fact
☐ Trustee
☐ Other: _____

63-1

0011

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of SRC Hospital Investments II, LLC

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Nicholas Orzano
PRINTED NAME

Managing Partner, on behalf of SRC I Healthcare Investments I, LLC (its Member)

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SIGNATURE

Mark Bell
PRINTED NAME

Managing Partner, on behalf of Mokuleia, LLC (its Member)

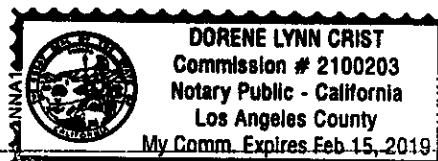
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 29 day of August 2018

Signature of Notary

Seal



CERTIFICATION

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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Pipeline – Westlake Hospital, LLC

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Nicholas Orzano

PRINTED NAME

Chief Executive Officer, SRC Hospital

Investments II, LLC (its sole Member)

PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

CALIFORNIA JURAT CERTIFICATE

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

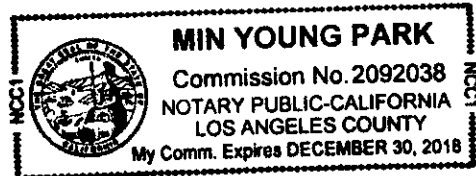
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20 18, by Nicholas Orzano

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS MY HAND AND OFFICIAL SEAL.



Signature of Notary Public



(Notary Seal)

OPTIONAL INFORMATION

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DESCRIPTION OF ATTACHED DOCUMENT

Certificaiton
(Title of document)
Number of Pages 1 (Including jurat)
Document Date August 28, 2018
Pipeline - West Suburban Medical Center, LLC
(Additional Information)

CAPACITY CLAIMED BY SIGNER

☒ Individual
☐ Corporate Officer
☐ Partner
☐ Attorney-In-Fact
☐ Trustee
☐ Other: _____

637

0014

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of VHS Westlake Hospital, Inc.

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Douglas E. Rabe
PRINTED NAME

Vice President
PRINTED TITLE

SIGNATURE

Michael T. Maloney
PRINTED NAME

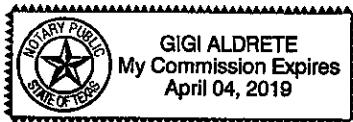
Vice President
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 29 day of August 2018

Gigi Aldrete
Signature of Notary

Seal

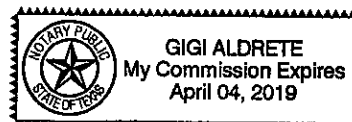


Notarization:

Subscribed and sworn to before me
this 29 day of August 2018

Gigi Aldrete
Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

0015

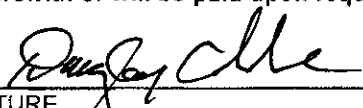
CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

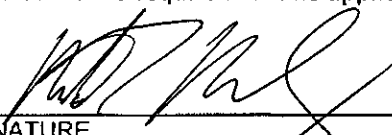
- in the case of a corporation, any two of its officers or members of its Board of Directors;
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- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Tenet Healthcare Corporation

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.



SIGNATURE
Douglas E. Rabe
PRINTED NAME

Vice President
PRINTED TITLE

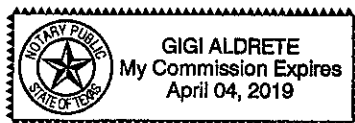

SIGNATURE
Michael T. Maloney
PRINTED NAME

Senior Vice President, Acquisitions & Development
PRINTED TITLE

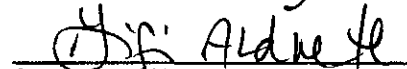
Notarization:
Subscribed and sworn to before me
this 29 day of August, 2018


Signature of Notary

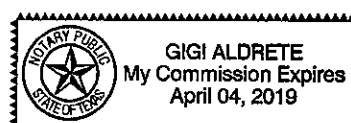
Seal



Notarization:
Subscribed and sworn to before me
this 29 day of August, 2018


Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SECTION II. BACKGROUND.

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)

Transaction Type. Check the Following that Applies to the Transaction:

- ☒ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☐ Stock transfer resulting in no change from current licensee.
- ☐ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 08/2018 Edition

1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(8) - A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV.CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 7.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		23-27
2	Site Ownership		28-126
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		128-130
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		131-133
5	Background of the Applicant		134-148
6	Change of Ownership		149-151
7	Charity Care Information		152-198

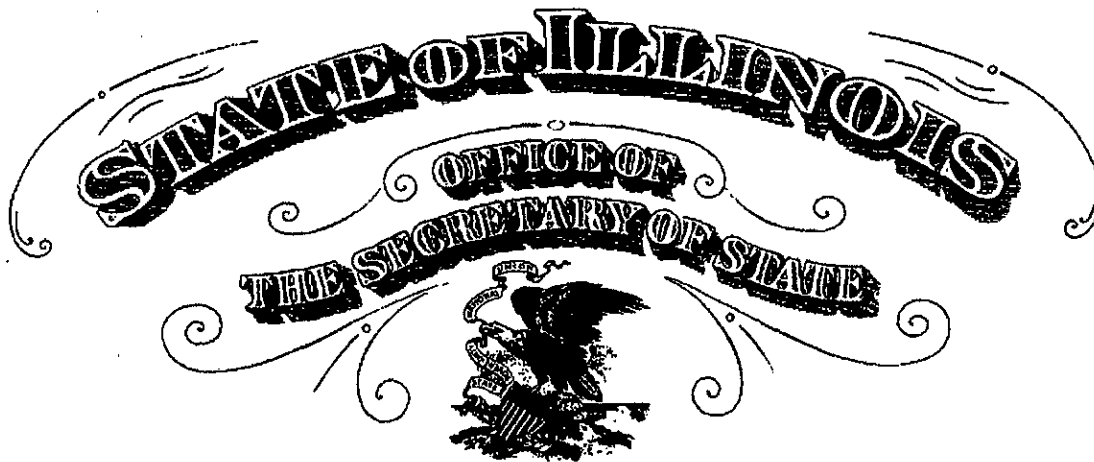
Section I

Attachment 1

Applicant Information

The Certificates of Good Standing for SRC Hospital Investments II, LLC ("SRC"), Pipeline-Westlake Hospital, LLC d/b/a VHS Westlake Hospital ("Westlake OpCo"), VHS Westlake Hospital, Inc. ("VHS"), and Tenet Healthcare Corporation ("Tenet") are attached at ATTACHMENT 1.

ATTACHMENT 1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SRC HOSPITAL INVESTMENTS II, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 09, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1822202268 verifiable until 08/10/2019
Authenticate at: <http://www.cyberdriveillinois.com>

**In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 10TH
day of AUGUST A.D. 2018 .**

Jesse White

SECRETARY OF STATE

ATTACHMENT 1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PIPELINE-WESTLAKE HOSPITAL, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 20, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

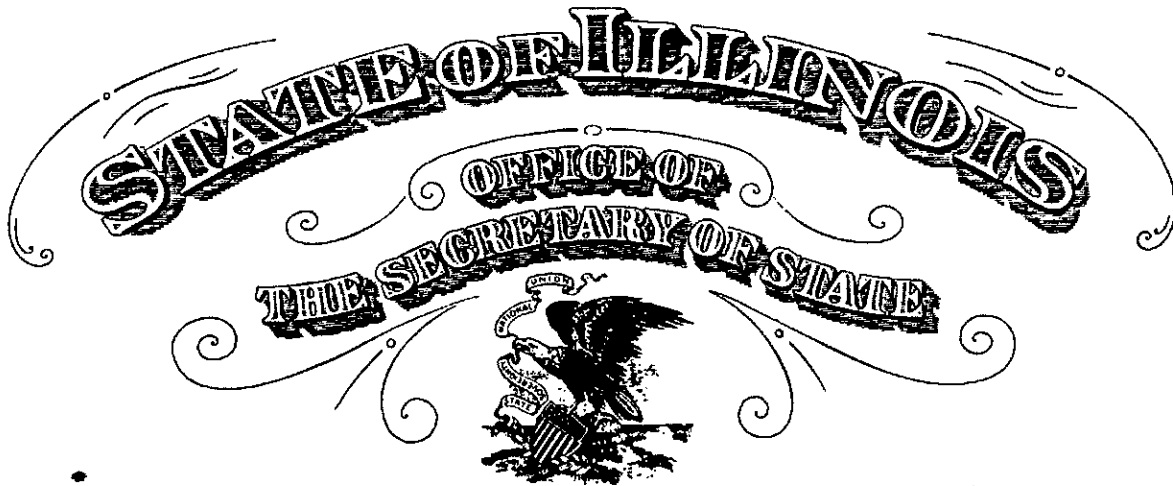


Authentication #: 1824103032 verifiable until 08/29/2019
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 29TH
day of AUGUST A.D. 2018 .***

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VHS WESTLAKE HOSPITAL, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 04, 2010, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1823602600 verifiable until 08/24/2019

Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 24TH
day of AUGUST A.D. 2018 .***

Jesse White

SECRETARY OF STATE

ATTACHMENT 1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TENET HEALTHCARE CORPORATION, INCORPORATED IN NEVADA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON JULY 01, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 29TH
day of AUGUST A.D. 2018 .***

Jesse White

SECRETARY OF STATE

Authentication #: 1824103166 verifiable until 08/29/2019

Authenticate at: <http://www.cyberdriveillinois.com>

Section I

Attachment 2

Site Ownership

VHS Westlake Hospital, Inc. currently owns the land, buildings, and other real estate comprising the campus of VHS Westlake Hospital ("Westlake"). A copy of the real property deed evidencing such ownership is attached at ATTACHMENT 2.

Following the Transaction, (i) Westlake PropCo will own the land and other real estate comprising the campus of Westlake and (ii) Westlake OpCo will own all of the buildings and operating assets comprising of Westlake.

Following the Transaction, SRC will be the licensee and operator of Westlake.

ATTACHMENT 2

SPECIAL WARRANTY DEED

This instrument prepared by:

Thomas L. Hefty, Esq.
McDermott, Will & Emery LLP
227 West Monroe Street
Chicago, Illinois 60606

And after recording return to:
VHS Westlake Hospital, Inc.
c/o Vanguard Health Systems,
Inc.
20 Burton Hills Boulevard
Suite 100
Nashville, TN 37215

This Deed is exempt under
35 ILCS 200/31-15(b)

Property Address:
See Exhibit A

PIN: See Exhibit A

Doc#: 1021741028 Fee: \$70.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/05/2010 12:54 PM Pg: 1 of 18



Doc#: 1031233070 Fee: \$76.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/08/2010 01:33 PM Pg: 1 of 21

THIS DOCUMENT IS BEING RE-RECORDED TO
CORRECT THE LEGAL DESCRIPTION.

(Above Area For Recorder's Use)

RESURRECTION SERVICES, an Illinois not-for-profit corporation, whose address is 7435 West Talcott Avenue, Chicago, Illinois ("Grantor"), in consideration of the sum of TEN AND NO/100 (\$10.00) DOLLARS and other good and valuable consideration in hand paid by or on behalf of **VHS WESTLAKE HOSPITAL, INC.**, a Delaware corporation, whose address is 20 Burton Hills Boulevard, Suite 100, Nashville, Tennessee ("Grantee"), the receipt and sufficiency of which are hereby acknowledged and confessed, by these presents does hereby **GRANT, BARGAIN AND SELL** unto Grantee, all of Grantor's right, title and interest in and to the real property located in Melrose Park, Illinois, which is more particularly described on **Exhibit "A"** attached to and incorporated in this instrument by this reference, together with all and singular: (i) rights, benefits, privileges, easements, tenements, and appurtenances on and pertaining to the real property, including reversion or reversions, remainder or remainders, rents, issues and profits thereof, and all the estate, right, title, interest, claim and demand whatsoever, of Grantor, either at law or in equity of, in and to the above-described real property; (ii)

Box 400-CTCC

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STAMPS AFFIXED TO DOCS

DONE AT CUSTOMER'S REQUEST

S Y
P 21
S N
SC N
INT R

Order: 8983792
Doc: 1031233070

Page 1 of 21

Requested By: cathy.johnson, Printed: 2/1/2017 12:12 PM

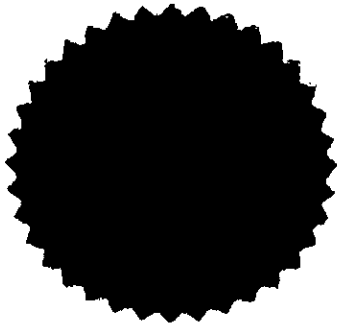
ATTACHMENT 2

0029

Grantor's right, title and interest in and to any adjacent streets, roads, alleys, easements and rights-of-way; (iii) Grantor's right, title and interest in and to any and all improvements and buildings located on the above-described real property; and (iv) Grantor's right, title and interest in and to any and all building fixtures affixed or attached to, or situated upon, or acquired or used in connection therewith (the real property, together with the rights, appurtenances and interests, improvements, buildings, and fixtures being collectively called the "Property"), subject to, however, the exceptions set forth on the **Exhibit "B"**, attached to and incorporated in this instrument by this reference (the "**Permitted Exceptions**").

TO HAVE AND TO HOLD the Property unto Grantee, its successors and assigns FOREVER, and Grantor does hereby bind itself and its successors and assigns to WARRANT AND FOREVER DEFEND all and singular the Property, subject to the Permitted Exceptions, unto Grantee, its successors and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof by, through or under Grantor, but not otherwise.

[Signature on following page]



- 2 -

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This Special Warranty Deed shall be effective as of 12:01 AM local time on the 1st
day of AUGUST, 2010.

GRANTOR:
RESURRECTION SERVICES,
an Illinois not-for-profit corporation

By: *Sandra Bruce*
Name: Sandra Bruce
Title: President

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY
CERTIFY that Sandra Bruce, personally known to me to be the
President of RESURRECTION SERVICES, an Illinois not-for-profit
corporation and same person whose name is subscribed to the foregoing instrument, appeared
before me this day in person and acknowledged that he signed, sealed and delivered said as his
free and voluntary act and deed, for the uses and purposes therein set forth.

Given under my hand and official seal, this 1st day of AUGUST, 2010.

Florita De Jesus Ortiz
Notary Public

My Commission Expires: August 26, 2010

Send subsequent Tax Bills To:

VHS Westlake Hospital, Inc.
c/o Vanguard Health Systems, Inc.
20 Burton Hills Boulevard, Suite 100
Nashville, TN 37215



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Exhibit A

PARCEL 14:

LOTS 11 AND 12 IN BLOCK 66 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-202-015-0000

PARCEL 40:

LOTS 21 AND 22 IN BLOCK 6, TOGETHER WITH THE WEST 1/2 OF THE VACATED ALLEY LYING EAST OF AND ADJOINING SAID LOTS, IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE RAILROAD, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-211-007-0000
15-10-211-008-0000

PARCEL 41:

LOTS A AND B IN DEFRANCO'S SUBDIVISION OF LOTS 46 AND 47 IN BLOCK 67 IN MELROSE, A SUBDIVISION OF PART OF SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-216-018-0000 - Lot A
15-10-216-019-0000 - Lot B

PARCEL 42:

LOT 45 BLOCK 67 IN MELROSE, A SUBDIVISION OF PART OF SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 23 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-216-020-0000

-A-1-

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PARCEL 43:

LOTS 43 AND 44 IN BLOCK 67 IN MELROSE, A SUBDIVISION OF PART OF SECTION 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-216-021-0000

PARCEL 44:

LOTS 41 AND 42 IN BLOCK 67 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**Permanent Index No.: 15-10-216-022-0000 – Lot 42
15-10-216-023-0000 – Lot 41**

PARCEL 45:

LOTS 1, 2 AND 3 IN BLOCK 47 IN MELROSE, A SUBDIVISION OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**Permanent Index No.: 15-10-217-001-0000 – Lots 1 and 2
15-10-217-002-0000 – Lot 3**

PARCEL 46:

LOTS 14 AND 15 IN BLOCK 47 IN MELROSE, A SUBDIVISION OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-217-011-0000

PARCEL 47:

LOT 20 IN BLOCK 47 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-217-014-0000

-A-2 -

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PARCEL 48:

THE NORTH 1/2 OF LOT 21 IN BLOCK 47 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-217-015-0000

PARCEL 49:

LOTS 39 AND 40 IN BLOCK 47 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**Permanent Index No.: 15-10-217-020-0000 – Lot 40
15-10-217-021-0000 – Lot 39**

PARCEL 50:

LOTS 37 AND 38 IN BLOCK 47 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-217-022-0000

PARCEL 51B – UNDIVIDED ONE HALF INTEREST IN:

LOTS 35 AND 36 IN BLOCK 47 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-217-023-0000

PARCEL 52 - UNDIVIDED ONE HALF INTEREST IN:

LOTS 27 AND 28 IN BLOCK 47 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

**Permanent Index No.: 15-10-217-029-0000 – Lot 28
15-10-217-030-0000 – Lot 27**

PARCEL 53:

INTENTIONALLY DELETED.

-A-3 -

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PARCEL 54:

INTENTIONALLY DELETED.

PARCEL 55:

(A) THE SOUTH 1/2 OF LOT 11 (EXCEPT THE EAST 120.25 FEET THEREOF) AND THE NORTH 10 FEET OF LOT 10 (EXCEPT THE EAST 120.25 FEET THEREOF) IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART OF SECTION 10, LYING NORTH OF RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-007-0000

(B) THAT PART OF LOT "F" IN MELROSE, BEING A SUBDIVISION OF LOTS 3, 4, AND 5 IN SAID SUPERIOR COURT PARTITION LYING WEST OF AND ADJOINING THE SOUTH 1/2 OF LOT 11 AND NORTH 10 FEET OF LOT 10 IN BLOCK 4 AFORESAID IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-006-0000

PARCEL 56:

THE EAST 110.25 FEET OF THE SOUTH 1/2 OF LOT 11 AND THE NORTH 10 FEET OF THE EAST 110.25 FEET OF LOT 10 IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF THAT PART OF SECTION 10 LYING NORTH OF RIGHT-OF-WAY OF CHICAGO AND THE NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-008-0000

PARCEL 57:

THE EAST 110.25 FEET OF THE SOUTH 35 FEET OF THE NORTH 45 FEET OF LOT 10 IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL THAT PART OF SECTION 10, LYING NORTH OF RIGHT-OF-WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-011-0000

-A-4-

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PARCEL 58:

INTENTIONALLY DELETED.

PARCEL 59:

THAT PART OF LOT "F" IN MELROSE PARK, AS SHOWN BY THE PLAT OF SAID MELROSE PARK, RECORDED MAY 16, 1873 AS DOCUMENT NUMBER 102939, LYING WEST OF AND ABUTTING LOT 8 (EXCEPT THE NORTH 15 FEET THEREOF) IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3, AND ALL THAT PART OF SECTION 10, LYING NORTH OF THE RIGHT-OF-WAY OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-018-0000

PARCEL 60:

LOT 8 (EXCEPT THE NORTH 15 FEET) AND (EXCEPT THE EAST 120.25 FEET THEREOF) IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL THAT PART OF SECTION 10 LYING NORTH OF THE RIGHT-OF-WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-019-0000

PARCEL 61:

ALL THAT PART OF LOT "F" IN MELROSE PARK, IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, LYING WEST OF AND ABUTTING LOT 7 IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, LYING EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-021-0000

PARCEL 62:

THE WEST 73.52 FEET OF LOT 7 IN BLOCK 4 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN AND THAT PART OF SECTION 10, LYING NORTH, OF RIGHT-OF-WAY OF CHICAGO AND NORTHWESTERN RAILWAY COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-047-0000

-A-5-

DM_US 25783294-4.037442.0104

PARCEL 63:

THE EAST 110.25 FEET OF LOT 8 (EXCEPT THE NORTH 15 FEET) IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL THAT PART OF SECTION 10, LYING NORTH, OF THE RIGHT-OF-WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-020-0000

PARCEL 64:

LOT 6 (EXCEPT THE SOUTH 18.75 FEET AND THE WEST 80 FEET THEREOF) IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH, OF THE CHICAGO AND NORTHWESTERN RAILROAD, ALL IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-042-0000

PARCEL 65:

INTENTIONALLY DELETED.

PARCEL 66:

LOT 33 IN BLOCK 3 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART OF SECTION 10, LYING NORTH OF RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-219-007-0000

PARCEL 67:

LOTS 38 AND 39 IN BLOCK 3 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART OF SECTION 10, LYING NORTH, OF RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-219-011-0000 – Lot 38
15-10-219-012-0000 – Lot 39

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PARCEL 68:

LOTS 20 AND 21 IN BLOCK 3 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILWAY COMPANY, IN SUPERIOR COURT PARTITION.

**Permanent Index No.: 15-10-219-015-0000
15-10-219-016-0000**

PARCEL 69:

LOT 18 IN BLOCK 3 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD IN SUPERIOR COURT PARTITION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-219-018-0000

PARCEL 70:

LOTS 21 AND 22 (EXCEPT THE EAST 10.24 FEET OF SAID LOT 22 MEASURED ON THE NORTH AND SOUTH LINE OF SAID LOT) IN BLOCK 5 IN A.J. STONE'S ADDITION, BEING A SUBDIVISION OF LOT 1 (EXCEPT THE NORTH 15 ACRES) OF THE COMMISSIONER'S PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART NORTH OF THE RAILROAD OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-221-055-0000

PARCEL 71:

THE EAST 10.24 FEET OF LOT 22, ALL OF LOT 23 AND THE WEST 15 FEET OF LOT 24 MEASURED ON THE NORTH AND SOUTH LINES THEREOF, IN BLOCK 5 IN A.J. STONE'S ADDITION, BEING A SUBDIVISION OF LOT 1 (EXCEPT THE NORTH 15 ACRES) OF COMMISSIONER PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART NORTH OF RAILROAD OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-221-056-0000

PARCEL 72:

INTENTIONALLY DELETED.

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PARCEL 73:

INTENTIONALLY DELETED.

PARCEL 74:

INTENTIONALLY DELETED.

PARCEL 75:

INTENTIONALLY DELETED.

PARCEL 76:

INTENTIONALLY DELETED.

PARCEL 77:

INTENTIONALLY DELETED.

PARCEL 78:

LOT 35 AND THE SOUTH 2 FEET OF LOT 36 IN BLOCK 67 IN MELROSE, A
SUBDIVISION OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, LYING NORTH OF
THE N. & N.W. RAILWAY IN SUPERIOR COURT PARTITION IN SECTIONS 3 AND 10,
TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN
COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-216-028-0000

PARCEL 79:

INTENTIONALLY DELETED.

PARCEL 80:

LOT 32 (EXCEPT NORTH 5 FEET THEREOF) IN BLOCK 3 IN S.R. HAVEN'S
SUBDIVISION OF LOT 2 IN SUBDIVISION OF SOUTH 1/2 OF SECTION 3 AND THAT
PART OF SECTION 10, LYING NORTH OF RAILROAD IN TOWNSHIP 39 NORTH,
RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS.

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Permanent Index No.: 15-10-219-029-0000

PARCEL 81:

INTENTIONALLY DELETED.

PARCEL 82:

LOTS 17 AND 18 IN PETER E. WOLF'S SUBDIVISION OF BLOCK 12 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILWAY, IN COOK COUNTY, ILLINOIS.

Permanent Index No: 15-03-459-005-0000

PARCEL 83/RES#120/CTIC#008819530:

LOTS 31 AND 32 IN BLOCK 67 IN MELROSE, A SUBDIVISION OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE N. & N. W. RAILWAY IN SUPERIOR COURT PARTITION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Nos: 15-10-216-031-0000
15-10-216-032-0000

PARCEL 84/RES#122-124/CTIC#008819531:

LOT 16 AND THE NORTH 8.80 FEET OF LOT 17 IN BLOCK 47, IN MELROSE, A SUBDIVISION IN PARTS OF SECTION 3 AND SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO

LOT 17 (EXCEPT THE NORTH 8.80 FEET THEREOF) AND THE NORTH 17.60 FEET OF LOT 18 IN BLOCK 47, IN MELROSE, A SUBDIVISION IN PARTS OF SECTION 3 AND SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO

LOT 18 (EXCEPT THE NORTH 17.60 FEET THEREOF) AND LOT 19 IN BLOCK 47, IN MELROSE, A SUBDIVISION IN PARTS OF SECTION 3 AND SECTION 10, TOWNSHIP 39

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NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Nos: 15-10-217-037-0000
15-10-217-038-0000
15-10-217-039-0000

PARCEL 85/RES#125-133/CTIC#008819532:

THE WEST 80 FEET OF THE NORTH 1/2 OF LOT 4 AND THE WEST 80 FEET OF LOTS 5 AND 6 IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD, TOGETHER WITH THE SOUTH 125 FEET OF THAT PART OF LOT 'F' IN MELROSE, LYING WEST OF AND ADJOINING THE NORTH 1/2 OF LOT 4 AND ALL OF LOTS 5 AND 6 IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION AFORESAID, SAID MELROSE BEING A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 E

Permanent Index Nos: 15-10-218-034-0000
15-10-218-035-0000
15-10-218-036-0000
15-10-218-037-0000
15-10-218-038-0000
15-10-218-039-0000
15-10-218-040-0000
15-10-218-041-0000
15-10-218-046-0000

PARCEL 86/RES#134-135/CTIC#008819533:

LOTS 24, 25 AND 26 IN BLOCK 3 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE RAILROAD, IN COOK COUNTY, ILLINOIS.

Permanent Index Nos: 15-10-219-001-0000
15-10-219-002-0000

End of Exhibit A

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16-08-116-020-0000	217 NORTH HUMPHREY, OAK PARK	WEST LOT	WEST SUBURBAN MEDICAL CENTER
16-08-116-020-0000	215 NORTH HUMPHREY, OAK PARK	WEST LOT	WEST SUBURBAN MEDICAL CENTER
16-08-116-021-0000	213 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-116-022-0000	211 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-116-023-0000	209 NORTH HUMPHREY, OAK PARK	RESIDENCE	WEST SUBURBAN MEDICAL CENTER
16-08-116-024-0000	207 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-116-025-0000	205 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-116-026-0000	201 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-117-001-0000	232 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-007-0000	218 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-008-0000	214 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-009-0000	212 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-010-0000	210 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-011-0000	206 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-012-0000	200 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-013-0000	500 NORTH AUSTIN, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-015-0000	1 ERIE CT., OAK PARK	PROFESSIONAL OFFICE BUILDING	WEST SUBURBAN MEDICAL CENTER
16-08-117-016-0000	1 ERIE CT., OAK PARK	PROFESSIONAL OFFICE BUILDING	WEST SUBURBAN MEDICAL CENTER
The Oak Park parcels above consisting of 11.29 acres.			
15-03-456-013-0000	705 NORTH 14TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-457-006-0000	703 NORTH 15TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-457-017-0000	1305 CHICAGO, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-457-018-0000	1305 CHICAGO, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-457-019-0000	1305 CHICAGO, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-458-007-0000	709 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-458-008-0000	705 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-458-028-0000	703 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-458-029-0000	1211 CHICAGO, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-459-005-0000	707 NORTH 12TH, MELROSE PARK	CONVENT BUILDING	RESURRECTION SERVICES

15-03-459-000-0000	6401 CHICAGO AVENUE, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-459-014-0000	702 NORTH 11TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-202-001-0000	619 NORTH 15TH, MELROSE PARK	PARKING	WESTLAKE COMMUNITY HOSPITAL
15-10-202-002-0000	615 NORTH 15TH, MELROSE PARK	PARKING	WESTLAKE COMMUNITY HOSPITAL
15-10-202-003-0000	615 NORTH 15TH, MELROSE PARK	PARKING	WESTLAKE COMMUNITY HOSPITAL
15-10-202-008-0000	618 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-009-0000	618 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-010-0000	614 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-011-0000	614 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-012-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-013-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-015-0000	602 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-203-001-0000	619 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-002-0000	615 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-003-0000	613 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-006-0000	605 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-007-0000	603 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-008-0000	601 NORTH 14TH, MELROSE PARK	BREWSTER HALL	WESTLAKE COMMUNITY HOSPITAL
15-10-203-009-0000	620 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-010-0000	618 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-011-0000	616 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-012-0000	614 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-013-0000	612 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-014-0000	608 NORTH 13TH, MELROSE PARK	PARKING LOT	WESTLAKE COMMUNITY HOSPITAL
15-10-203-015-0000	604 NORTH 13TH, MELROSE PARK	PARKING LOT	WESTLAKE COMMUNITY HOSPITAL
15-10-203-016-0000	602 NORTH 13TH, MELROSE PARK	WEST WING	WESTLAKE COMMUNITY HOSPITAL
15-10-203-017-0000	611 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-204-005-0000	1225 SUPERIOR, MELROSE PARK	HOSPITAL	WESTLAKE COMMUNITY HOSPITAL
15-10-204-006-0000	1225 SUPERIOR, MELROSE PARK	HOSPITAL	WESTLAKE COMMUNITY HOSPITAL
15-10-205-018-0000	1111 SUPERIOR, MELROSE PARK	POB	WESTLAKE COMMUNITY HOSPITAL

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ATTACHMENT 2

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ATTACHMENT 2

Requested By: cathy.johnson, Printed: 2/1/2017 12:12 PM

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Order: 888782

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iv

15-10-211-008-0000	1115 WEST LAKE, MELROSE PARK	VACANT	RESURFECTON SERVICES
15-10-211-007-0000	211 AUGUSTA, MELROSE PARK	PARKING LOT	RESURFECTON SERVICES
15-10-211-006-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-005-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-004-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-002-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-001-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-210-013-0000	1225 SUPERIOR, MELROSE PARK	MEDICAL ARTS BUILDING	WESTLAKE COMMUNITY HOSPITAL
15-10-210-012-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-011-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-008-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-007-0000	1225 SUPERIOR, MELROSE PARK	ADMINISTRATIVE OFFICES	WESTLAKE COMMUNITY HOSPITAL
15-10-210-006-0000	1225 SUPERIOR, MELROSE PARK	ADMINISTRATIVE OFFICES	WESTLAKE COMMUNITY HOSPITAL
15-10-210-005-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-001-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-007-0000	1315 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-006-0000	1225 SUPERIOR, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-209-005-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-004-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-002-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-208-001-0000	658 NORTH 14TH AVENUE, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-206-007-0000	603 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-006-0000	607 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-005-0000	607 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-004-0000	619 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-002-0000	627 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-001-0000	603 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL

15-10-211-000-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-010-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-011-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-012-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-013-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-014-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-015-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-016-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-017-0000	1225 SUPERIOR, MELROSE PARK	HOSPITAL OFFICES	WESTLAKE COMMUNITY HOSPITAL
15-10-212-001-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-212-002-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-212-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-212-004-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-216-018-0000	1408 LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-019-0000	1402 LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-020-0000	1402 LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-021-0000	138 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-216-022-0000	134 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-216-023-0000	134 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-028-0000	120 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-001-0000	141 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-002-0000	141 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-011-0000	117 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-217-014-0000	105 N. 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-015-0000	103 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-020-0000	134 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-021-0000	132 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-022-0000	130 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-023-0000	128 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-217-029-0000	114 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL

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ATTACHMENT 2

0045

15-10-217-030-0000	112 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-218-002-0000	1212 LAKE, MELROSE PARK	PARKING LOT H	WESTLAKE COMMUNITY HOSPITAL
15-10-218-003-0000	1212 LAKE, MELROSE PARK	PARKING LOT H	WESTLAKE COMMUNITY HOSPITAL
15-10-218-004-0000	1200 LAKE, MELROSE PARK	PARKING LOT H	WESTLAKE COMMUNITY HOSPITAL
15-10-218-006-0000	124 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-007-0000	124 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-008-0000	122 NORTH 12TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-011-0000	120 NORTH 12TH, MELROSE PARK	2 FLAT RESIDENCE	RESURRECTION SERVICES
15-10-218-017-0000	110 NORTH 12TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-218-018-0000	115 NORTH 13TH, MELROSE PARK	2 FLAT RESIDENCE	RESURRECTION SERVICES
15-10-218-019-0000	115 NORTH 13TH, MELROSE PARK	2 FLAT RESIDENCE	RESURRECTION SERVICES
15-10-218-020-0000	114 NORTH 12TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-021-0000	115 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-042-0000	108 NORTH 12TH AVE., MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-218-047-0000	115 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-049-0000	1110 LAKE, MELROSE PARK	PARKING LOT H	WESTLAKE COMMUNITY HOSPITAL
15-10-219-007-0000	131 NORTH 12TH, MELROSE PARK	GARAGE	RESURRECTION SERVICES
15-10-219-011-0000	1 WINSTON PLAZA, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-012-0000	1 WINSTON PLAZA, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-015-0000	140 NORTH 11TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-016-0000	140 NORTH 11TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-018-0000	134 NORTH 11TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-029-0000	133 NORTH 12TH AVENUE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-221-055-0000	913 MAIN, MELROSE PARK	WAREHOUSE	RESURRECTION SERVICES
15-10-221-056-0000	913 MAIN, MELROSE PARK	WAREHOUSE	RESURRECTION SERVICES
15-10-216-031-0000	116 NORTH 14th, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-032-0000	116 NORTH 14th, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-037-0000	411 NORTH 4th, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-038-0000	411 NORTH 4th, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-039-0000	411 NORTH 4th, MELROSE PARK	VACANT	RESURRECTION SERVICES

15-10-218-034-0000	1240 MAIN ST., MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-035-0000	1240 MAIN ST., MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-036-0000	1240 MAIN ST., MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-037-0000	1240 MAIN ST., MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-038-0000	1240 MAIN ST., MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-039-0000	1240 MAIN ST., MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-040-0000	1240 MAIN ST., MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-041-0000	1240 MAIN ST., MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-046-0000	1240 MAIN ST., MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-001-0000	145 NORTH 12th, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-002-0000	145 NORTH 12th, MELROSE PARK	VACANT	RESURRECTION SERVICES
The Melrose Park parcels above consisting of 22.38 acres.			

* * *

vii

DM_US 25821931-3.037442.0104

Order: 8983782
Doc: 1031233070

Page 19 of 21

Requested By: cathy.johnson, Printed: 2/1/2017 12:12 PM

ATTACHMENT 2**0047**

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated October 28, 2010
Signature: [Signature] (Grantor or Agent)

Subscribed and sworn to before me by the

said Thomas L. Netty
this 28th day of October
20 10.



Michelle Lee Krofel (Notary Public)

The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated October 28, 2010
Signature: [Signature] (Grantee or Agent)

Subscribed and sworn to before me by the

said Thomas L. Netty
this 28th day of October
20 10.



Michelle Lee Krofel (Notary Public)

NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

Exhibit B

1. REAL ESTATE TAXES NOT YET DUE AND PAYABLE.

2.

26. EASEMENT IN FAVOR OF THE VILLAGE OF MELROSE PARK, AND ITS/THEIR RESPECTIVE SUCCESSORS AND ASSIGNS, TO INSTALL, OPERATE AND MAINTAIN ALL EQUIPMENT NECESSARY FOR THE PURPOSE OF SERVING THE LAND AND OTHER PROPERTY, TOGETHER WITH THE RIGHT OF ACCESS TO SAID EQUIPMENT, AND THE PROVISIONS RELATING THERETO CONTAINED IN THE DEED RECORDED/FILED AS DOCUMENT NO. 8984761, AFFECTING THE WEST 10 FEET OF THE EAST 120.25 FEET OF LOTS 8, 9, 10 AND THE SOUTH 1/2 OF LOT 11 OF PARCELS 56, 57, 58 AND 63 OF THE LAND.

27. EASEMENT FOR THE PURPOSE OF LAYING SEWER AND WATER MAINS AFFECTING THE WEST 10 FEET OF THE EAST 120.25 FEET OF LOTS 8, 9 & 10 AND THE SOUTH 1/2 OF LOT 11 OF PARCEL 55 OF THE LAND, AND THE TERMS AND PROVISIONS CONTAINED THEREIN.

(AFFECTS PARCELS 56-58 AND 63)

- AV 28. PERPETUAL NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS AS CONTAINED IN QUIT CLAIM DEED RECORDED SEPTEMBER 29, 1964 AS DOCUMENT 19259247 AND THE TERMS AND PROVISIONS CONTAINED THEREIN.

(AFFECTS THE EAST 7 FEET OF THE WEST 73.52 FEET OF LOT 7)

(AFFECTS PARCEL 62)

- B 17. EXCLUSIVE EASEMENT IN FAVOR OF ILLINOIS BELL TELEPHONE COMPANY, ALSO KNOWN AS, AMERITECH ILLINOIS, AN ILLINOIS CORPORATION ITS AFFILIATES AND LICENSEES, SUCCESSORS AND ASSIGNS RECORDED JULY 19, 2001 AS DOCUMENT NUMBER 0010642525 IN, UNDER, OVER, UPON AND ACROSS A PART OF LOT 24 IN BLOCK 3 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN.**

(AFFECTS PARCEL 86/RES#134-135/CTIC#008819533)

3. MATTERS AS SHOWN ON THE "ALTA/ACSM LAND TITLE SURVEY PLAT OF SURVEY" SURVEY NO. 128317 PREPARED BY NATIONAL SURVEY SERVICE, INC., DATED JUNE 25, 2010 AND LAST REVISED OCTOBER 12, 2010.

End of Exhibit B

-B-1-

DM US 257832945.037442.0104

QUITCLAIM DEED

THIS INSTRUMENT PREPARED BY:

THOMAS L. HEFTY
MCDERMOTT WILL & EMERY LLP
227 WEST MONROE STREET
CHICAGO, ILLINOIS 60606

AFTER RECORDING RETURN
TO:

21/2
VHS Westlake Hospital,
Inc.
c/o Vanguard Health
Systems, Inc.
20 Burton Hills Boulevard
Suite 100
Nashville, TN 37215

8502 446
This Deed is exempt pursuant
to 35 ILCS 200/31-45(e)

[Signature]
Date 7/24/2010 Seller or Agent

Property Address and PIN:
See Exhibit A



Doc#: 1021741032 Fee: \$56.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/05/2010 12:58 PM Pg: 1 of 11

WESTLAKE COMMUNITY HOSPITAL, an Illinois not-for-profit corporation, whose address is 7435 West Talcott Avenue, Chicago, Illinois and **RESURRECTION SERVICES**, an Illinois not-for-profit corporation, whose address is 7435 West Talcott Avenue, Chicago, Illinois ("Grantor"), for and in consideration of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration in hand paid, each **CONVEYS** and **QUITCLAIMS** to **VHS WESTLAKE HOSPITAL, INC.**, a Delaware corporation, whose address is 20 Burton Hills Boulevard, Suite 100, Nashville, Tennessee, all of Grantor's one-half interest of their right, title and interest in and to the following described real estate situated in the Melrose Park, Illinois (the "Premises"), to-wit:

[See Exhibit A attached hereto and made a part hereof by this reference]

DM_US 26029615-4.037442.0104

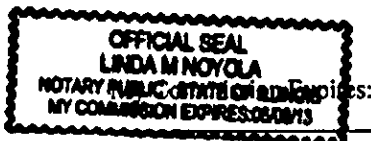
RESURRECTION SERVICES,
an Illinois not-for-profit corporation

By: Jeannie C. Frey
Name: Jeannie C. Frey
Its: Secretary

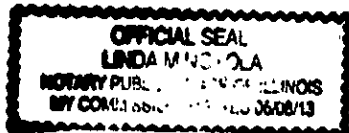
STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO
HEREBY CERTIFY that Jeannie C. Frey, personally known to me to
be the Secretary of RESURRECTION SERVICES, an
Illinois not-for-profit corporation, and personally known to me to be the same person whose name
is subscribed to the foregoing instrument, appeared before me this day in person and
acknowledged that as such Secretary, he/she signed, sealed and delivered
said instrument as Secretary of said corporation, pursuant to authority, given by
the Board of Directors of said corporation as his/her free and voluntary act, and as the free and
voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Given under my hand and official seal, this 24th day of July, 2010.



Linda M. Nozola
Notary Public



3

Quitclaim Deed

DM_US 26029615-4.037442.0104

Exhibit A
Legal Description

Parcels 11-40, 73-76, as well as the adjoining vacated streets and alleys, taken as a tract also known as:

ALL THAT PART OF LOT "F", LYING NORTHEASTERLY OF THE NORTHEASTERLY RIGHT-OF-WAY LINE OF W. LAKE STREET (FORMERLY KNOWN AS ELGIN ROAD) AND SOUTH OF THE SOUTH RIGHT-OF-WAY LINE OF W. SUPERIOR STREET, NOW VACATED, (FORMERLY KNOWN AS 6TH STREET); LOTS 1 THROUGH 3 INCLUSIVE IN BLOCK 48, TOGETHER WITH THE WEST 1/2 OF THE VACATED NORTH-SOUTH 14 FOOT ALLEY IN SAID BLOCK 48, VACATED BY DOCUMENT RECORDED APRIL 24, 1981, AS DOCUMENT NUMBER 25849701; LOTS 1 THROUGH 20 INCLUSIVE IN BLOCK 49, TOGETHER WITH THE VACATED NORTH-SOUTH 14 FOOT ALLEY IN SAID BLOCK 49, VACATED BY ORDINANCE RECORDED NOVEMBER 13, 1981, AS DOCUMENT NUMBER 26058064; LOTS 11, 12 AND 13 THROUGH 20 INCLUSIVE IN BLOCK 66, ALL IN MELROSE, BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD GALENA DIVISION;

ALSO;

ALL THAT PART OF LOTS 1 THROUGH 3 INCLUSIVE IN BLOCK 5; LOTS 1 THROUGH 22 INCLUSIVE IN BLOCK 6, TOGETHER WITH THE VACATED NORTH-SOUTH 14 FOOT ALLEY IN SAID BLOCK 6, VACATED BY DOCUMENT RECORDED NOVEMBER 21, 1980, AS DOCUMENT NUMBER 25676496; LOTS 9 THROUGH 14 INCLUSIVE IN BLOCK 7; LOTS 1 THROUGH 10 INCLUSIVE IN BLOCK 8; LOTS 1 THROUGH 9 AND LOTS 11 THROUGH 20 IN BLOCK 9, TOGETHER WITH THE VACATED NORTH-SOUTH 14 FOOT ALLEY IN SAID BLOCK 9, VACATED BY ORDINANCE RECORDED NOVEMBER 27, 1973 AS DOCUMENT NUMBER 22554694 AND VACATED BY AGREEMENT RECORDED NOVEMBER 9, 2007 AS DOCUMENT NUMBER 0731315166 AND VACATED BY ORDINANCE RECORDED NOVEMBER 9, 2007 AS DOCUMENT NUMBER 0731315167 AND AMENDMENT RECORDED NOVEMBER 13, 2007 AS DOCUMENT NUMBER 0731709080; LOTS 1 THROUGH 4 INCLUSIVE, IN BLOCK 10, ALL IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART OF SECTION 10, LYING NORTH OF RAILROAD;

ALSO;

LOTS 81 THROUGH 84 INCLUSIVE, IN THE SUBDIVISION OF ALL THAT PART LYING NORTH OF THE SOUTH LINE OF NORTH 6TH STREET (EXTENDED EASTERLY) OF LOT "F" IN MELROSE, BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD GALENA DIVISION, AFORESAID;

ALSO;

LOTS 1 THROUGH 5, IN BLOCK 48, TOGETHER WITH THE EAST 1/2 OF THE VACATED NORTH-SOUTH 14 FOOT ALLEY IN SAID BLOCK 48, VACATED BY DOCUMENT RECORDED APRIL 24, 1981, AS DOCUMENT NUMBER 25849701, ALL IN KUHLMANN SUBDIVISION OF LOTS 4, 5, 6, 7 AND 8, IN BLOCK 48 OF MELROSE, BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, AFORESAID;

TOGETHER WITH THE FOLLOWING VACATED STREETS IN SECTION 10;

THAT PART OF 13TH AVENUE VACATED BY DOCUMENT RECORDED NOVEMBER 24, 1981 AS DOCUMENT NUMBER 26068295 AND BY DOCUMENT RECORDED JULY 25, 1985 AS DOCUMENT NUMBER 85118185; THAT PART OF VACATED 11TH AVENUE, 12TH AVENUE, 14TH AVENUE AND SUPERIOR STREET,

VACATED BY AGREEMENT RECORDED NOVEMBER 9, 2007 AS DOCUMENT NUMBER 0731315166 AND VACATED BY ORDINANCE RECORDED NOVEMBER 9, 2007 AS DOCUMENT NUMBER 0731315167 AND AMENDMENT RECORDED NOVEMBER 13, 2007 AS DOCUMENT NUMBER 0731709080; ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ALL TAKEN AS ONE TRACT, BOUNDED AND DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF LOT 20, IN BLOCK 66, IN MELROSE, BEING A SUBDIVISION, AFORESAID, THENCE NORTH 88 DEGREES 01 MINUTES 27 SECONDS EAST, ALONG THE NORTH LINE OF BLOCKS 66, AND 49 IN MELROSE, BEING A SUBDIVISION, AFORESAID, THE NORTH LINE OF LOT 81 IN THE SUBDIVISION OF ALL THAT PART LYING NORTH OF THE SOUTH LINE OF NORTH 6TH STREET (EXTENDED EASTERLY) OF LOT "F" IN MELROSE, BEING A SUBDIVISION, AFORESAID, AND THE NORTH LINE OF BLOCK 10 AND 9, IN S.R. HAVEN'S SUBDIVISION AFORESAID, AND THE NORTHERLY TERMINUS OF THE VACATED NORTH-SOUTH 14 FOOT ALLEY IN BLOCK 49 AFORESAID, AND THE NORTHERLY TERMINUS OF THE VACATED NORTH-SOUTH 14 FOOT ALLEY IN BLOCK 9 AFORESAID, AND THE NORTHERLY TERMINUS OF VACATED 14TH AVENUE, 13TH AVENUE AND 12TH AVENUE AFORESAID, SAID NORTH LINE OF BLOCKS AND NORTHERLY TERMINUS OF VACATED STREETS AND ALLEYS BEING ALSO THE SOUTH LINE OF WEST CHICAGO AVENUE, 957.04 FEET TO THE NORTHWEST CORNER OF LOT 10 IN BLOCK 9 AFORESAID; THENCE SOUTH 1 DEGREE 49 MINUTES 38 SECONDS EAST, ALONG THE WEST LINE OF LOTS 9 AND 10 IN BLOCK 9 AFORESAID, BEING ALSO THE EAST LINE OF THE VACATED NORTH-SOUTH 14 FOOT ALLEY IN SAID BLOCK 9, A DISTANCE OF 44.62 FEET TO THE NORTH LINE OF THE SOUTH HALF OF SAID LOT 9; THENCE NORTH 88 DEGREES 01 MINUTES 13 SECONDS EAST, ALONG SAID NORTH LINE, 124.39 FEET TO THE EAST LINE OF SAID LOT 9, BEING ALSO THE WEST LINE OF VACATED NORTH 11TH AVENUE AFORESAID; THENCE NORTH 1 DEGREE 51 MINUTES 10 SECONDS WEST, ALONG SAID EAST LINE, A DISTANCE OF 44.61 FEET TO THE NORTHEAST CORNER OF LOT 10 AFORESAID; THENCE NORTH 88 DEGREES 01 MINUTES 26 SECONDS EAST, ALONG SAID NORTHERLY TERMINUS OF VACATED 11TH AVENUE AFORESAID, AND ALONG THE NORTH LINE OF BLOCK 8 AFORESAID, BEING ALSO THE SOUTH LINE OF WEST CHICAGO AVENUE, 207.00 FEET TO THE NORTHEAST CORNER OF LOT 10 IN SAID BLOCK 8; THENCE SOUTH 1 DEGREE 51 MINUTES 55 SECONDS EAST, ALONG THE EAST LINE OF LOTS 1 THROUGH 10 IN BLOCK 8 AND ALONG LOTS 9 THROUGH 14 AND ITS NORTHERLY EXTENSION, IN BLOCK 7, SAID NORTHERLY EXTENSION BEING ALSO THE EASTERLY TERMINUS OF VACATED SUPERIOR STREET AFORESAID, A DISTANCE OF 487.56 FEET TO THE SOUTHEAST CORNER OF LOT 9, IN BLOCK 7 AFORESAID; THENCE SOUTH 88 DEGREES 00 MINUTES 05 SECONDS WEST, ALONG THE SOUTH LINE OF SAID LOT 9 AND ITS WESTERLY EXTENSION, (SAID WESTERLY EXTENSION BEING ALSO THE SOUTHERLY TERMINUS OF VACATED 11TH AVENUE AFORESAID) A DISTANCE OF 207.11 FEET TO THE EAST LINE OF LOT 6, IN BLOCK 6, AFORESAID; THENCE SOUTH 1 DEGREE 51 MINUTES 10 SECONDS EAST, ALONG THE EAST LINE OF SAID BLOCK 6, A DISTANCE OF 97.66 FEET TO THE SOUTHEAST CORNER OF LOT 3 IN SAID BLOCK 6; THENCE SOUTH 88 DEGREES 10 MINUTES 28 SECONDS WEST, ALONG THE SOUTH LINE OF SAID LOT 3, A DISTANCE OF 86.63 FEET TO THE EAST LINE OF THE WEST 38.00 FEET OF LOTS 1 AND 2 IN BLOCK 6 AFORESAID; THENCE SOUTH 1 DEGREE 49 MINUTES 38 SECONDS EAST, ALONG SAID EAST LINE, 68.70 FEET TO A POINT ON THE SOUTHERLY LINE OF SAID LOT 1, SAID POINT BEING 90.90 FEET (AS MEASURED ALONG SAID SOUTHERLY LINE) NORTHWESTERLY OF ITS SOUTHEAST CORNER THEREOF; THENCE NORTH 74 DEGREES 16 MINUTES 31 SECONDS WEST, ALONG THE SOUTHERLY LINE OF BLOCKS 6 AND 5, IN S.R. HAVEN'S SUBDIVISION AFORESAID, AND THE SOUTHERLY LINE OF THAT PART OF LOT "F" IN MELROSE, BEING A SUBDIVISION, AFORESAID, LYING NORTH OF W. LAKE STREET, THE SOUTHERLY LINE OF LOTS 1 THROUGH 5, IN KUHLMANN SUBDIVISION AFORESAID, AND THE SOUTHERLY LINE OF PART OF BLOCK 48, IN MELROSE, BEING A SUBDIVISION, AFORESAID, AND THE SOUTHERLY TERMINUS OF THE VACATED NORTH-SOUTH 14 FOOT ALLEY IN BLOCK 6

AFORESAID, AND THE SOUTHERLY TERMINUS OF THE VACATED NORTH-SOUTH 14 FOOT ALLEY IN BLOCK 48 AFORESAID, AND THE SOUTHERLY TERMINUS OF VACATED 12TH AVENUE, 13TH AVENUE AND 14TH AVENUE AFORESAID, SAID NORTH LINE OF BLOCKS AND SOUTHERLY TERMINUS OF VACATED STREETS AND ALLEYS, BEING ALSO THE NORTH LINE OF WEST LAKE STREET, (FORMERLY KNOWN AS ELGIN ROAD) 912.60 FEET TO THE SOUTHEAST CORNER OF LOT A, IN MELROSE, BEING A SUBDIVISION, AFORESAID; THENCE NORTH 1 DEGREE 51 MINUTES 55 SECONDS WEST, ALONG THE EAST LINE OF SAID LOT A, AND THE WEST LINE OF VACATED 14TH AVENUE, AFORESAID, 111.28 FEET TO THE SOUTHEAST CORNER OF LOT 11, IN BLOCK 66 AFORESAID; THENCE SOUTH 88 DEGREES 00 MINUTES 05 SECONDS WEST, ALONG THE SOUTH LINE OF SAID LOT 11, A DISTANCE OF 125.23 FEET TO ITS SOUTHWEST CORNER THEREOF; THENCE NORTH 1 DEGREE 44 MINUTES 34 SECONDS WEST, ALONG THE WEST LINE OF LOTS 11 AND 12, IN BLOCK 66 AFORESAID, 53.01 FEET TO THE NORTHWEST CORNER OF SAID LOT 12; THENCE NORTH 88 DEGREES 00 MINUTES 21 SECONDS EAST, ALONG THE NORTH LINE OF LOT 12, AFORESAID, 125.11 FEET TO ITS NORTHEAST CORNER THEREOF; THENCE NORTH 1 DEGREE 51 MINUTES 55 SECONDS WEST, ALONG THE EAST LINE OF LOTS 13 AND 14, IN BLOCK 66 AFORESAID, BEING ALSO THE WEST LINE OF VACATED 14TH AVENUE AFORESAID, 53.00 FEET TO THE SOUTHEAST CORNER OF LOT 15, IN BLOCK 66 AFORESAID; THENCE SOUTH 88 DEGREES 00 MINUTES 38 SECONDS WEST, ALONG THE SOUTH LINE OF SAID LOT 15, A DISTANCE OF 125.00 FEET TO ITS SOUTHWEST CORNER THEREOF; THENCE NORTH 1 DEGREE 44 MINUTES 34 SECONDS WEST, ALONG THE WEST LINE OF LOTS 15 THROUGH 20 IN BLOCK 66, AFORESAID, BEING ALSO THE EAST LINE OF A NORTH-SOUTH 14 FOOT PUBLIC ALLEY IN SAID BLOCK 66, A DISTANCE OF 159.04 FEET TO THE HEREBY ABOVE DESIGNATED POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS. ~

* * *

15-03-459-000-0000	1101 CHICAGO AVENUE, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-459-014-0000	702 NORTH 11TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-202-001-0000	619 NORTH 15TH, MELROSE PARK	PARKING	WESTLAKE COMMUNITY HOSPITAL
15-10-202-002-0000	615 NORTH 15TH, MELROSE PARK	PARKING	WESTLAKE COMMUNITY HOSPITAL
15-10-202-003-0000	615 NORTH 15TH, MELROSE PARK	PARKING	WESTLAKE COMMUNITY HOSPITAL
15-10-202-008-0000	618 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-009-0000	618 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-010-0000	614 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-011-0000	614 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-012-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-013-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-015-0000	602 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-203-001-0000	619 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-002-0000	615 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-003-0000	613 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-006-0000	605 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-007-0000	603 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-008-0000	601 NORTH 14TH, MELROSE PARK	BREWSTER HALL	WESTLAKE COMMUNITY HOSPITAL
15-10-203-009-0000	620 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-010-0000	618 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-011-0000	616 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-012-0000	614 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-013-0000	612 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-014-0000	608 NORTH 13TH, MELROSE PARK	PARKING LOT	WESTLAKE COMMUNITY HOSPITAL
15-10-203-015-0000	604 NORTH 13TH, MELROSE PARK	PARKING LOT	WESTLAKE COMMUNITY HOSPITAL
15-10-203-016-0000	602 NORTH 13TH, MELROSE PARK	WEST WING	WESTLAKE COMMUNITY HOSPITAL
15-10-203-017-0000	611 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-204-005-0000	1225 SUPERIOR, MELROSE PARK	HOSPITAL	WESTLAKE COMMUNITY HOSPITAL
15-10-204-006-0000	1225 SUPERIOR, MELROSE PARK	HOSPITAL	WESTLAKE COMMUNITY HOSPITAL
15-10-205-018-0000	1111 SUPERIOR, MELROSE PARK	POB	WESTLAKE COMMUNITY HOSPITAL

15-10-206-001-0000	635 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-002-0000	627 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-004-0000	619 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-005-0000	607 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-006-0000	607 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-007-0000	603 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-208-001-0000	658 NORTH 14TH AVENUE, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-209-002-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-004-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-005-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-006-0000	1225 SUPERIOR, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-209-007-0000	1315 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-210-001-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-210-005-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-006-0000	1225 SUPERIOR, MELROSE PARK	ADMINISTRATIVE OFFICES	WESTLAKE COMMUNITY HOSPITAL
15-10-210-007-0000	1225 SUPERIOR, MELROSE PARK	ADMINISTRATIVE OFFICES	WESTLAKE COMMUNITY HOSPITAL
15-10-210-008-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-011-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-012-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-013-0000	1225 SUPERIOR, MELROSE PARK	MEDICAL ARTS BUILDING	WESTLAKE COMMUNITY HOSPITAL
15-10-211-001-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-002-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-004-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-005-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-006-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-007-0000	211 AUGUSTA, MELROSE PARK	PARKING LOT	RESURRECTION SERVICES
15-10-211-008-0000	1115 WEST LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES

iv

DM_US 25821931-2 037442.0104

15-10-211-009-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-010-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-011-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-012-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-013-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-014-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-015-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-016-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-017-0000	1225 SUPERIOR, MELROSE PARK	HOSPITAL OFFICES	WESTLAKE COMMUNITY HOSPITAL
15-10-212-001-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-212-002-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-212-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-212-004-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-216-018-0000	1400 LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-019-0000	1402 LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-020-0000	1402 LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-021-0000	138 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-216-022-0000	134 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-216-023-0000	134 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-028-0000	120 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-001-0000	141 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-002-0000	141 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-011-0000	117 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-217-014-0000	105 N. 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-015-0000	103 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-020-0000	134 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-021-0000	132 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-022-0003	130 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-023-0000	128 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-217-029-0000	114 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL

V

DM_US 25821931-2.037442.0104

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated AUGUST 10, 2010
 Signature: [Signature] (Grantor or Agent)

Subscribed and sworn to before me by the

said SANDRA BROCK

this 1st day of AUGUST

20 10

[Signature] (Notary Public)



The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated _____, 20____
 Signature: _____ (Grantee or Agent)

Subscribed and sworn to before me by the

said _____

this _____ day of _____

20 _____

 (Notary Public)

NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

1021741032 Page 11 of 11

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated _____, 20____
Signature: _____ (Grantor or Agent)

Subscribed and sworn to before me by the

said _____

this _____ day of _____

20____.

(Notary Public)

The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.
VHS WESTLAKE HOSPITAL, INC.

Dated 7-28, 2010
Signature: James H. Spalding, Senior (Grantee or Agent)
James H. Spalding, Senior
Vice President

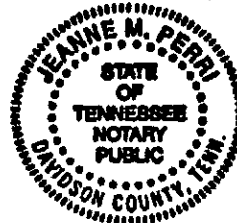
Subscribed and sworn to before me by the

said James H. Spalding

this 28th day of July

2010.

Jeanne M. Perri (Notary Public)



My Commission Expires MAY 20, 2014

NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

QUITCLAIM DEED

:THIS INSTRUMENT PREPARED BY:

THOMAS L. HEFTY
McDERMOTT WILL & EMERY LLP
227 WEST MONROE STREET
CHICAGO, ILLINOIS 60606



Doc#: 1021741031 Fee: \$44.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/05/2010 12:57 PM Pg: 1 of 6

AFTER RECORDING RETURN
TO:

VHS Westlake Hospital,
Inc.
c/o Vanguard Health
Systems, Inc.
20 Burton Hills Boulevard
Suite 100
Nashville, TN 37215

This Deed is exempt pursuant
to 35 ILCS 200/31-45(e)

[Signature]
Date 7/20/2010 Seller or Agent

Property Address and PIN:
1218 West Lake Street
Melrose Park, IL
15-10-218-049-0000

WESTLAKE COMMUNITY HOSPITAL, an Illinois not-for-profit corporation, whose address is 7435 West Talcott Avenue, Chicago, Illinois ("Grantor"), for and in consideration of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration in hand paid, **CONVEYS** and **QUITCLAIMS** to **VHS WESTLAKE HOSPITAL, INC.**, a Delaware corporation, whose address is 20 Burton Hills Boulevard, Suite 100, Nashville, Tennessee, all of Grantor's one-half interest of their right, title and interest in and to the following described real estate situated in the Melrose Park, Illinois (the "Premises"), to-wit:

[See Exhibit A attached hereto and made a part hereof by this reference]

DM_US 25834374-3.037442.0104

This Quitclaim Deed is signed this 1st day of August, 2010.

WESTLAKE COMMUNITY HOSPITAL
an Illinois not-for-profit corporation

By: Sandra Bruce
Name: Sandra Bruce
Its: President

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO
HEREBY CERTIFY that Sandra Bruce, personally known to me to
be the President of WESTLAKE COMMUNITY
HOSPITAL, an Illinois not-for-profit corporation, and personally known to me to be the same
person whose name is subscribed to the foregoing instrument, appeared before me this day in
person and acknowledged that as such President, he/she signed, sealed
and delivered said instrument as President of said corporation, pursuant to
authority, given by the Board of Directors of said corporation as his/her free and voluntary act, and
as the free and voluntary act and deed of said corporation, for the uses and purposes therein set
forth.

Given under my hand and official seal, this 1st day of August, 2010.

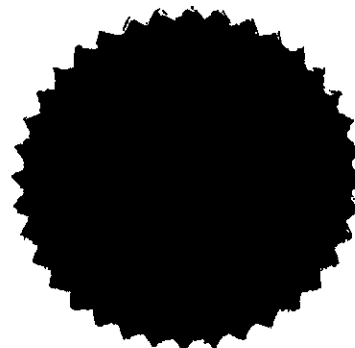
Florita De Jesus Ortiz
Notary Public

My Commission Expires:
August 26, 2010



Grantee's Address and Send Subsequent Tax
Bills To:

VHS WESTLAKE HOSPITAL, a Delaware
corporation
20 Burton Hills Boulevard, Suite 100,
Nashville, Tennessee 37215



DM_US 25834374-1.037442.0104

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated 1 AUGUST 2010
Signature: [Signature] (Grantor or Agent)

Subscribed and sworn to before me by the

said SANDRA BRUCE

this 1st day of AUGUST

20 10.

[Signature] (Notary Public)



The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated _____, 20____
Signature: _____ (Grantee or Agent)

Subscribed and sworn to before me by the

said _____

this _____ day of _____

20 _____.

(Notary Public)

NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated _____, 20____
Signature: _____ (Grantor or Agent)

Subscribed and sworn to before me by the

said _____

this _____ day of _____

20____.

(Notary Public)

The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.
VHS WESTLAKE HOSPITAL, INC.

Dated 28 JULY, 20 10
Signature: James H. Spalding (Grantee or Agent)
James H. Spalding, Senior
Vice President

Subscribed and sworn to before me by the

said James H. Spalding

this 28th day of July

20 10
[Signature] (Notary Public)



NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

Exhibit A
Legal Description

THAT PART OF LOT "F" IN MELROSE IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF LAKE STREET OR ELGIN ROAD DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWEST CORNER OF LOT 13 IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION (WHICH SAID SUBDIVISION ABUTS ON SAID LOT "F") BEING THE INTERSECTION OF THE SOUTH LINE OF LAKE STREET AND THE EAST LINE OF SAID LOT "F", RUNNING THENCE SOUTH ALONG THE EAST LINE OF LOT "F", 150 FEET; THENCE DUE WEST 42 FEET TO THE WEST LINE OF SAID LOT "F"; THENCE NORTH, ALONG THE WEST LINE OF SAID LOT "F", 163.6 FEET, MORE OR LESS, TO THE SOUTH LINE OF SAID LAKE STREET OR ELGIN ROAD; THENCE IN A SOUTHEASTERLY DIRECTION ALONG THE SOUTH LINE OF SAID LAKE STREET OR ELGIN ROAD, 43.85 FEET, MORE OR LESS, TO THE PLACE OF BEGINNING, IN COOK COUNTY, ILLINOIS.

* * *

QUITCLAIM DEED

THIS INSTRUMENT PREPARED BY:

THOMAS L. HEFTY
MCDERMOTT WILL & EMERY LLP
227 WEST MONROE STREET
CHICAGO, ILLINOIS 60606

AFTER RECORDING RETURN
TO:

VHS Westlake Hospital,
Inc.
c/o Vanguard Health
Systems, Inc.
20 Burton Hills Boulevard
Suite 100
Nashville, TN 37215

This Deed is exempt pursuant
to 35 ILCS 200/31-45(e)

Th. Hefty
Date 7/20/2010 Seller's Agent

Property Address and PIN:
128 N 13th Avenue
114 N 13th Avenue
112 N 13th Avenue
Melrose Park, IL
15-10-217-023-0000
15-10-217-029-0000
15-10-217-030-0000



Doc#: 1021741030 Fee: \$44.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/05/2010 12:57 PM Pg: 1 of 5

WESTLAKE COMMUNITY HOSPITAL, an Illinois not-for-profit corporation, whose address is 7435 West Talcott Avenue, Chicago, Illinois ("Grantor"), for and in consideration of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration in hand paid, **CONVEYS** and **QUITCLAIMS** to **VHS WESTLAKE HOSPITAL, INC.**, a Delaware corporation, whose address is 20 Burton Hills Boulevard, Suite 100, Nashville, Tennessee, all of Grantor's one-half interest of their right, title and interest in and to the following described real estate situated in the Melrose Park, Illinois (the "Premises"), to-wit:

[See Exhibit A attached hereto and made a part hereof by this reference]

DM_US 25834333-3.037442.0104

This Quitclaim Deed is signed this 1st day of August, 2010.

WESTLAKE COMMUNITY HOSPITAL
an Illinois not-for-profit corporation

By: Sandra Bruce
Name: Sandra Bruce
Its: President

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Sandra Bruce, personally known to me to be the President of WESTLAKE COMMUNITY HOSPITAL, an Illinois not-for-profit corporation, and personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that as such President, he/she signed, sealed and delivered said instrument as President of said corporation, pursuant to authority, given by the Board of Directors of said corporation as his/her free and voluntary act, and as the free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Given under my hand and official seal, this 1st day of August, 2010.

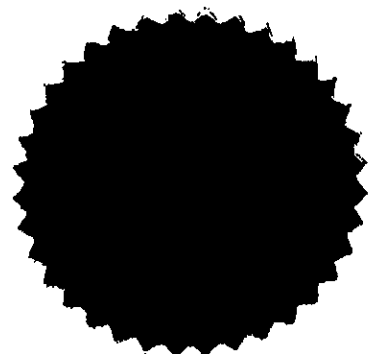
Florita De Jesus Ortiz
Notary Public

My Commission Expires:
August 24, 2010



Grantee's Address and Send Subsequent Tax
Bills To:

VHS WESTLAKE HOSPITAL, a Delaware
corporation
20 Burton Hills Boulevard, Suite 100,
Nashville, Tennessee 37215



DM_US 25834333-1.037442.0104

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated AUGUST 1, 20 10
Signature: Sandra Bruce (Grantor or Agent)

Subscribed and sworn to before me by the

said SANDRA BRUCE

this 1st day of AUGUST

20 10.

Florita De Jesus-Ortiz (Notary Public)



The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated _____, 20_____
Signature: _____ (Grantee or Agent)

Subscribed and sworn to before me by the

said _____

this _____ day of _____

20 _____.

(Notary Public)

NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated _____, 20____
Signature: _____ (Grantor or Agent)

Subscribed and sworn to before me by the

said _____

this _____ day of _____

20____.

(Notary Public)

The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.
VHS WESTLAKE HOSPITAL, INC.

Dated July 28, 2010
Signature: James H. Spalding (Grantee or Agent)
James H. Spalding, Senior
Vice President

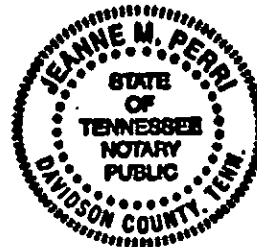
Subscribed and sworn to before me by the

said James H. Spalding

this 28th day of July

2010.

Jeanne M. Perri (Notary Public)



My Commission Expires: MAY 23, 2014

NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

Exhibit A
Legal Description

LOTS 35 AND 36 IN BLOCK 47 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10,
TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS.

LOTS 27 AND 28 IN BLOCK 47 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10,
TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS.

* * *

SPECIAL WARRANTY DEED

This instrument prepared by:

Thomas L. Hefty, Esq.
McDermott, Will & Emery LLP
227 West Monroe Street
Chicago, Illinois 60606

And after recording return to:
VHS Westlake Hospital, Inc.
c/o Vanguard Health Systems,
Inc.
20 Burton Hills Boulevard
Suite 100
Nashville, TN 37215

This Deed is exempt under
35 ILCS 200/31-15(b)

Property Address:
See Exhibit A

PIN: See Exhibit A



Doc#: 1021741029 Fee: \$70.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/05/2010 12:54 PM Pg: 1 of 18

(Above Area For Recorder's Use)

RESURRECTION SERVICES, an Illinois not-for-profit corporation, whose address is 7435 West Talcott Avenue, Chicago, Illinois ("**Grantor**"), in consideration of the sum of TEN AND NO/100 (\$10.00) DOLLARS and other good and valuable consideration in hand paid by or on behalf of **VHS WESTLAKE HOSPITAL, INC.**, a Delaware corporation, whose address is 20 Burton Hills Boulevard, Suite 100, Nashville, Tennessee ("**Grantee**"), the receipt and sufficiency of which are hereby acknowledged and confessed, by these presents does hereby **GRANT, BARGAIN AND SELL** unto Grantee, all of Grantor's right, title and interest in and to the real property located in Melrose Park, Illinois, which is more particularly described on **Exhibit "A"** attached to and incorporated in this instrument by this reference, together with all and singular: (i) rights, benefits, privileges, easements, tenements, and appurtenances on and pertaining to the real property, including reversion or reversions, remainder or remainders, rents, issues and profits thereof, and all the estate, right, title, interest, claim and demand whatsoever, of Grantor, either at law or in equity of, in and to the above-described real property; (ii)

DM_US 25783294-4.037442.0104

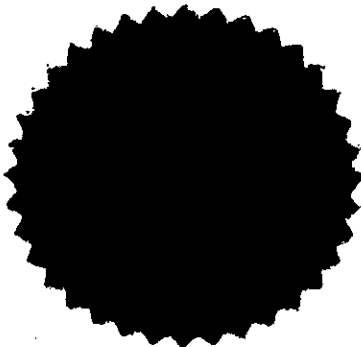
STAMPS AFFIXED TO DOC

1021741028

Grantor's right, title and interest in and to any adjacent streets, roads, alleys, easements and rights-of-way; (iii) Grantor's right, title and interest in and to any and all improvements and buildings located on the above-described real property; and (iv) Grantor's right, title and interest in and to any and all building fixtures affixed or attached to, or situated upon, or acquired or used in connection therewith (the real property, together with the rights, appurtenances and interests, improvements, buildings, and fixtures being collectively called the "**Property**"), subject to, however, the exceptions set forth on the **Exhibit "B"**, attached to and incorporated in this instrument by this reference (the "**Permitted Exceptions**").

TO HAVE AND TO HOLD the Property unto Grantee, its successors and assigns FOREVER, and Grantor does hereby bind itself and its successors and assigns to WARRANT AND FOREVER DEFEND all and singular the Property, subject to the Permitted Exceptions, unto Grantee, its successors and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof by, through or under Grantor, but not otherwise.

[Signature on following page]



This Special Warranty Deed shall be effective as of 12:01 AM local time on the 15th
day of August, 2010.

GRANTOR:
RESURRECTION SERVICES,
an Illinois not-for-profit corporation

By: Sandra Bruce

Name: Sandra Bruce

Title: President

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY
CERTIFY that Sandra Bruce, personally known to me to be the
President of RESURRECTION SERVICES, an Illinois not-for-profit
corporation and same person whose name is subscribed to the foregoing instrument, appeared
before me this day in person and acknowledged that he signed, sealed and delivered said as his
free and voluntary act and deed, for the uses and purposes therein set forth.

Given under my hand and official seal, this 15th day of August, 2010.

Florita De Jesus-Ortiz
Notary Public

My Commission Expires: August 28, 2010

Send subsequent Tax Bills To:



VHS Westlake Hospital, Inc.
c/o Vanguard Health Systems, Inc.
20 Burton Hills Boulevard, Suite 100
Nashville, TN 37215

Exhibit A

PARCEL 14:

LOTS 11 AND 12 IN BLOCK 66 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-202-015-0000

PARCEL 40:

LOTS 21 AND 22 IN BLOCK 6, TOGETHER WITH THE WEST 1/2 OF THE VACATED ALLEY LYING EAST OF AND ADJOINING SAID LOTS, IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE RAILROAD, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-211-007-0000
15-10-211-008-0000

PARCEL 41:

LOTS A AND B IN DEFRANCO'S SUBDIVISION OF LOTS 46 AND 47 IN BLOCK 67 IN MELROSE, A SUBDIVISION OF PART OF SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-216-018-0000 - Lot A
15-10-216-019-0000 - Lot B

PARCEL 42:

LOT 45 BLOCK 67 IN MELROSE, A SUBDIVISION OF PART OF SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 23 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-216-020-0000

-A-1 -

DM_US 25783294-4.037442.0104

PARCEL 43:

LOTS 43 AND 44 IN BLOCK 67 IN MELROSE, A SUBDIVISION OF PART OF SECTION 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-216-021-0000

PARCEL 44:

LOTS 41 AND 42 IN BLOCK 67 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**Permanent Index No.: 15-10-216-022-0000 – Lot 42
15-10-216-023-0000 – Lot 41**

PARCEL 45:

LOTS 1, 2 AND 3 IN BLOCK 47 IN MELROSE, A SUBDIVISION OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**Permanent Index No.: 15-10-217-001-0000 – Lots 1 and 2
15-10-217-002-0000 – Lot 3**

PARCEL 46:

LOTS 14 AND 15 IN BLOCK 47 IN MELROSE, A SUBDIVISION OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-217-011-0000

PARCEL 47:

LOT 20 IN BLOCK 47 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-217-014-0000

-A-2 -

DM_US 25783294-4.037442.0104

PARCEL 48:

THE NORTH 1/2 OF LOT 21 IN BLOCK 47 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-217-015-0000

PARCEL 49:

LOTS 39 AND 40 IN BLOCK 47 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**Permanent Index No.: 15-10-217-020-0000 – Lot 40
15-10-217-021-0000 – Lot 39**

PARCEL 50:

LOTS 37 AND 38 IN BLOCK 47 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-217-022-0000

PARCEL 51B – UNDIVIDED ONE HALF INTEREST IN:

LOTS 35 AND 36 IN BLOCK 47 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-217-023-0000

PARCEL 52 - UNDIVIDED ONE HALF INTEREST IN:

LOTS 27 AND 28 IN BLOCK 47 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

**Permanent Index No.: 15-10-217-029-0000 – Lot 28
15-10-217-030-0000 – Lot 27**

PARCEL 53:

INTENTIONALLY DELETED.

-A-3 -

DM_US 25783294-4.037442.0104

PARCEL 54:

INTENTIONALLY DELETED.

PARCEL 55:

(A) THE SOUTH 1/2 OF LOT 11 (EXCEPT THE EAST 120.25 FEET THEREOF) AND THE NORTH 10 FEET OF LOT 10 (EXCEPT THE EAST 120.25 FEET THEREOF) IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART OF SECTION 10, LYING NORTH OF RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-007-0000

(B) THAT PART OF LOT "F" IN MELROSE, BEING A SUBDIVISION OF LOTS 3, 4, AND 5 IN SAID SUPERIOR COURT PARTITION LYING WEST OF AND ADJOINING THE SOUTH 1/2 OF LOT 11 AND NORTH 10 FEET OF LOT 10 IN BLOCK 4 AFORESAID IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-006-0000

PARCEL 56:

THE EAST 110.25 FEET OF THE SOUTH 1/2 OF LOT 11 AND THE NORTH 10 FEET OF THE EAST 110.25 FEET OF LOT 10 IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF THAT PART OF SECTION 10 LYING NORTH OF RIGHT-OF-WAY OF CHICAGO AND THE NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-008-0000

PARCEL 57:

THE EAST 110.25 FEET OF THE SOUTH 35 FEET OF THE NORTH 45 FEET OF LOT 10 IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL THAT PART OF SECTION 10, LYING NORTH OF RIGHT-OF-WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-011-0000

-A-4 -

DM_US 25783294-4.037442.0104

PARCEL 58:

INTENTIONALLY DELETED.

PARCEL 59:

THAT PART OF LOT "F" IN MELROSE PARK, AS SHOWN BY THE PLAT OF SAID MELROSE PARK, RECORDED MAY 16, 1873 AS DOCUMENT NUMBER 102939, LYING WEST OF AND ADJUTTING LOT B (EXCEPT THE NORTH 15 FEET THEREOF) IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3, AND ALL THAT PART OF SECTION 10, LYING NORTH OF THE RIGHT-OF-WAY OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-018-0000

PARCEL 60:

LOT 8 (EXCEPT THE NORTH 15 FEET) AND (EXCEPT THE EAST 120.25 FEET THEREOF) IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL THAT PART OF SECTION 10 LYING NORTH OF THE RIGHT-OF-WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-019-0000

PARCEL 61:

ALL THAT PART OF LOT "F" IN MELROSE PARK, IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, LYING WEST OF AND ADJUTTING LOT 7 IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, LYING EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-021-0000

PARCEL 62:

THE WEST 73.52 FEET OF LOT 7 IN BLOCK 4 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN AND THAT PART OF SECTION 10, LYING NORTH, OF RIGHT-OF-WAY OF CHICAGO AND NORTHWESTERN RAILWAY COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-047-0000

-A-5-

DM_US 25783294-4.037442.0104

PARCEL 63:

THE EAST 110.25 FEET OF LOT 8 (EXCEPT THE NORTH 15 FEET) IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL THAT PART OF SECTION 10, LYING NORTH, OF THE RIGHT-OF-WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-020-0000

PARCEL 64:

LOT 6 (EXCEPT THE SOUTH 18.75 FEET AND THE WEST 80 FEET THEREOF) IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH, OF THE CHICAGO AND NORTHWESTERN RAILROAD, ALL IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-042-0000

PARCEL 65:

INTENTIONALLY DELETED.

PARCEL 66:

LOT 33 IN BLOCK 3 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART OF SECTION 10, LYING NORTH OF RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-219-007-0000

PARCEL 67:

LOTS 38 AND 39 IN BLOCK 3 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART OF SECTION 10, LYING NORTH, OF RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-219-011-0000 - Lot 38
15-10-219-012-0000 - Lot 39

-A-6-

DM_US 25783294-4.037442.0104

PARCEL 68:

LOTS 20 AND 21 IN BLOCK 3 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILWAY COMPANY, IN SUPERIOR COURT PARTITION.

**Permanent Index No.: 15-10-219-015-0000
15-10-219-016-0000**

PARCEL 69:

LOT 18 IN BLOCK 3 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD IN SUPERIOR COURT PARTITION IN SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-219-018-0000

PARCEL 70:

LOTS 21 AND 22 (EXCEPT THE EAST 10.24 FEET OF SAID LOT 22 MEASURED ON THE NORTH AND SOUTH LINE OF SAID LOT) IN BLOCK 5 IN A.J. STONE'S ADDITION, BEING A SUBDIVISION OF LOT 1 (EXCEPT THE NORTH 15 ACRES) OF THE COMMISSIONER'S PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART NORTH OF THE RAILROAD OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-221-055-0000

PARCEL 71:

THE EAST 10.24 FEET OF LOT 22, ALL OF LOT 23 AND THE WEST 15 FEET OF LOT 24 MEASURED ON THE NORTH AND SOUTH LINES THEREOF, IN BLOCK 5 IN A.J. STONE'S ADDITION, BEING A SUBDIVISION OF LOT 1 (EXCEPT THE NORTH 15 ACRES) OF COMMISSIONER PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART NORTH OF RAILROAD OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-221-056-0000

PARCEL 72:

INTENTIONALLY DELETED.

-A-7 -

DM_US 25783294-4.037442.0104

PARCEL 73:

INTENTIONALLY DELETED.

PARCEL 74:

INTENTIONALLY DELETED.

PARCEL 75:

INTENTIONALLY DELETED.

PARCEL 76:

INTENTIONALLY DELETED.

PARCEL 77:

INTENTIONALLY DELETED.

PARCEL 78:

LOT 35 AND THE SOUTH 2 FEET OF LOT 36 IN BLOCK 67 IN MELROSE, A
SUBDIVISION OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, LYING NORTH OF
THE N. & N.W. RAILWAY IN SUPERIOR COURT PARTITION IN SECTIONS 3 AND 10,
TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN
COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-216-028-0000

PARCEL 79:

INTENTIONALLY DELETED.

PARCEL 80:

LOT 32 (EXCEPT NORTH 5 FEET THEREOF) IN BLOCK 3 IN S.R. HAVEN'S
SUBDIVISION OF LOT 2 IN SUBDIVISION OF SOUTH 1/2 OF SECTION 3 AND THAT
PART OF SECTION 10, LYING NORTH OF RAILROAD IN TOWNSHIP 39 NORTH,
RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS.

Permanent Index No.: 15-10-219-029-0000

PARCEL 81:

-A-8 -

DM_US 25783294-4.037442.0104

INTENTIONALLY DELETED.

PARCEL 82:

**LOTS 17 AND 18 IN PETER E. WOLF'S SUBDIVISION OF BLOCK 12 IN S.R. HAVEN'S
SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF
SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL
MERIDIAN, AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12,
EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE CHICAGO AND
NORTHWESTERN RAILWAY, IN COOK COUNTY, ILLINOIS.**

Permanent Index No: 15-03-459-005-0000

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DM_US 25783294-4.037442.0104

16-08-116-010-0000	213 NORTH HUMPHREY, OAK PARK	WEST LOT	WEST SUBURBAN MEDICAL CENTER
16-08-116-020-0000	215 NORTH HUMPHREY, OAK PARK	WEST LOT	WEST SUBURBAN MEDICAL CENTER
16-08-116-021-0000	213 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-116-022-0000	211 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-116-023-0000	209 NORTH HUMPHREY, OAK PARK	RESIDENCE	WEST SUBURBAN MEDICAL CENTER
16-08-116-024-0000	207 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-116-025-0000	205 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-116-026-0000	201 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-117-001-0000	232 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-007-0000	216 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-008-0000	214 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-009-0000	212 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-010-0000	210 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-011-0000	206 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-012-0000	200 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-013-0000	500 NORTH AUSTIN, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-015-0000	1 ERIE CT., OAK PARK	PROFESSIONAL OFFICE BUILDING	WEST SUBURBAN MEDICAL CENTER
16-08-117-016-0000	1 ERIE CT., OAK PARK	PROFESSIONAL OFFICE BUILDING	WEST SUBURBAN MEDICAL CENTER
The Oak Park parcels above consisting of 11.29 acres.			
15-03-456-013-0000	705 NORTH 14TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-457-006-0000	703 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-457-017-0000	1305 CHICAGO, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-457-018-0000	1305 CHICAGO, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-457-019-0000	1305 CHICAGO, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-458-007-0000	709 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-458-008-0000	705 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-458-028-0000	703 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-458-029-0000	1211 CHICAGO, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-458-030-0000	1201 CHICAGO, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-459-005-0000	707 NORTH 12TH, MELROSE PARK	CONVENT BUILDING	RESURRECTION SERVICES

15-10-159-000-0000	1101 CHICAGO AVENUE, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-159-014-0000	702 NORTH 11TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-202-001-0000	613 NORTH 15TH, MELROSE PARK	PARKING	WESTLAKE COMMUNITY HOSPITAL
15-10-202-002-0000	615 NORTH 15TH, MELROSE PARK	PARKING	WESTLAKE COMMUNITY HOSPITAL
15-10-202-003-0000	615 NORTH 15TH, MELROSE PARK	PARKING	WESTLAKE COMMUNITY HOSPITAL
15-10-202-008-0000	618 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-009-0000	618 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-010-0000	614 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-011-0000	614 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-012-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-013-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-015-0000	602 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-203-001-0000	619 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-002-0000	615 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-003-0000	613 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-006-0000	605 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-007-0000	603 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-008-0000	601 NORTH 14TH, MELROSE PARK	BREWSTER HALL	WESTLAKE COMMUNITY HOSPITAL
15-10-203-009-0000	620 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-010-0000	618 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-011-0000	616 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-012-0000	614 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-013-0000	612 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-014-0000	608 NORTH 13TH, MELROSE PARK	PARKING LOT	WESTLAKE COMMUNITY HOSPITAL
15-10-203-015-0000	606 NORTH 13TH, MELROSE PARK	PARKING LOT	WESTLAKE COMMUNITY HOSPITAL
15-10-203-016-0000	602 NORTH 13TH, MELROSE PARK	WEST WING	WESTLAKE COMMUNITY HOSPITAL
15-10-203-017-0000	611 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-204-005-0000	1225 SUPERIOR, MELROSE PARK	HOSPITAL	WESTLAKE COMMUNITY HOSPITAL
15-10-204-006-0000	1225 SUPERIOR, MELROSE PARK	HOSPITAL	WESTLAKE COMMUNITY HOSPITAL
15-10-205-018-0000	1111 SUPERIOR, MELROSE PARK	POB	WESTLAKE COMMUNITY HOSPITAL

15-10-206-001-0000	625 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-002-0000	627 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-004-0000	619 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-005-0000	607 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-006-0000	607 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-007-0000	603 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-208-001-0000	658 NORTH 14TH AVENUE, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-209-002-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-004-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-005-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-006-0000	1225 SUPERIOR, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-209-007-0000	1315 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-210-001-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-210-005-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-006-0000	1225 SUPERIOR, MELROSE PARK	ADMINISTRATIVE OFFICES	WESTLAKE COMMUNITY HOSPITAL
15-10-210-007-0000	1225 SUPERIOR, MELROSE PARK	ADMINISTRATIVE OFFICES	WESTLAKE COMMUNITY HOSPITAL
15-10-210-008-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-011-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-012-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-013-0000	1225 SUPERIOR, MELROSE PARK	MEDICAL ARTS BUILDING	WESTLAKE COMMUNITY HOSPITAL
15-10-211-001-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-002-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-004-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-005-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-006-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-007-0000	211 AUGUSTA, MELROSE PARK	PARKING LOT	RESURRECTION SERVICES
15-10-211-008-0000	1115 WEST LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES

15-10-211-000-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-010-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-011-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-012-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-013-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-014-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-015-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-016-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-017-0000	1225 SUPERIOR, MELROSE PARK	HOSPITAL OFFICES	WESTLAKE COMMUNITY HOSPITAL
15-10-212-001-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-212-002-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-212-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-212-004-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-216-018-0000	1408 LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-019-0000	1402 LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-020-0000	1402 LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-021-0000	138 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-216-022-0000	134 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-216-023-0000	134 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-028-0000	120 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-001-0000	141 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-002-0000	141 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-011-0000	117 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-217-014-0000	105 N. 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-015-0000	103 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-020-0000	134 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-021-0000	132 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-022-0000	130 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-023-0000	128 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-217-029-0000	114 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL

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Order: 8983792

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Requested By: cathy.johnson, Printed: 2/1/2017 12:11 PM

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15-10-217-030-0000	112 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-218-002-0000	1212 LAKE, MELROSE PARK	PARKING LOT H	WESTLAKE COMMUNITY HOSPITAL
15-10-218-003-0000	1212 LAKE, MELROSE PARK	PARKING LOT H	WESTLAKE COMMUNITY HOSPITAL
15-10-218-004-0000	1212 LAKE, MELROSE PARK	PARKING LOT H	WESTLAKE COMMUNITY HOSPITAL
15-10-218-006-0000	124 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-007-0000	124 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-008-0000	122 NORTH 12TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-011-0000	120 NORTH 12TH, MELROSE PARK	2 FLAT RESIDENCE	RESURRECTION SERVICES
15-10-218-013-0000	116 NORTH 12TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-218-018-0000	115 NORTH 13TH, MELROSE PARK	2 FLAT RESIDENCE	RESURRECTION SERVICES
15-10-218-019-0000	115 NORTH 13TH, MELROSE PARK	2 FLAT RESIDENCE	RESURRECTION SERVICES
15-10-218-020-0000	114 NORTH 12TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-021-0000	115 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-042-0000	108 NORTH 12TH AVE., MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-218-047-0000	115 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-048-0000	1210 LAKE, MELROSE PARK	PARKING LOT H	WESTLAKE COMMUNITY HOSPITAL
15-10-219-007-0000	131 NORTH 12TH, MELROSE PARK	GARAGE	RESURRECTION SERVICES
15-10-219-011-0000	1 WINSTON PLAZA,, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-012-0000	1 WINSTON PLAZA, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-015-0000	140 NORTH 11TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-016-0000	140 NORTH 11TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-018-0000	134 NORTH 11TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-029-0000	133 NORTH 12TH AVENUE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-221-055-0000	913 MAIN, MELROSE PARK	WAREHOUSE	RESURRECTION SERVICES
15-10-221-056-0000	913 MAIN, MELROSE PARK	WAREHOUSE	RESURRECTION SERVICES
The Melrose Park parcels above consisting of 20.38 acres.			

* * *

Exhibit B

1. REAL ESTATE TAXES NOT YET DUE AND PAYABLE.

2.

AQ 26. EASEMENT IN FAVOR OF THE VILLAGE OF MELROSE PARK, AND ITS/THEIR RESPECTIVE SUCCESSORS AND ASSIGNS, TO INSTALL, OPERATE AND MAINTAIN ALL EQUIPMENT NECESSARY FOR THE PURPOSE OF SERVING THE LAND AND OTHER PROPERTY, TOGETHER WITH THE RIGHT OF ACCESS TO SAID EQUIPMENT, AND THE PROVISIONS RELATING THERETO CONTAINED IN THE DEED RECORDED/FILED AS DOCUMENT NO. 8984761, AFFECTING THE WEST 10 FEET OF THE EAST 120.25 FEET OF LOTS 8, 9, 10 AND THE SOUTH 1/2 OF LOT 11 OF PARCELS 56, 57, 58 AND 63 OF THE LAND.

AR 27. EASEMENT FOR THE PURPOSE OF LAYING SEWER AND WATER MAINS AFFECTING THE WEST 10 FEET OF THE EAST 120.25 FEET OF LOTS 8, 9 & 10 AND THE SOUTH 1/2 OF LOT 11 OF PARCEL 58 OF THE LAND, AND THE TERMS AND PROVISIONS CONTAINED THEREIN.

(AFFECTS PARCELS 56-58 AND 63)

AV 28. PERPETUAL NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS AS CONTAINED IN QUIT CLAIM DEED RECORDED SEPTEMBER 29, 1964 AS DOCUMENT 19259247 AND THE TERMS AND PROVISIONS CONTAINED THEREIN.

(AFFECTS THE EAST 7 FEET OF THE WEST 73.52 FEET OF LOT 7)

(AFFECTS PARCEL 62)

3. MATTERS AS SHOWN ON THE "ALTA/ACSM LAND TITLE SURVEY PLAT OF SURVEY" SURVEY NO. 128317 PREPARED BY NATIONAL SURVEY SERVICE, INC., DATED JUNE 25, 2010 AND LAST REVISED JULY __, 2010.

-B-1 -

DM_US 25783294-4.037442.0104



Doc#: 1021741028 Fee: \$98.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/05/2010 12:48 PM Pg: 1 of 32

SPECIAL WARRANTY DEED

This instrument prepared by:

Thomas L. Hefty, Esq.
McDermott, Will & Emery LLP
227 West Monroe Street
Chicago, Illinois 60606

And after recording return to:
VHS Westlake Hospital, Inc.
c/o Vanguard Health Systems,
Inc.
20 Burton Hills Boulevard
Suite 100
Nashville, TN 37215

This Deed is exempt under
35 ILCS 200/31-4501

Property Address:
See Exhibit A

PIN: See Exhibit A

(Above Area For Recorder's Use)

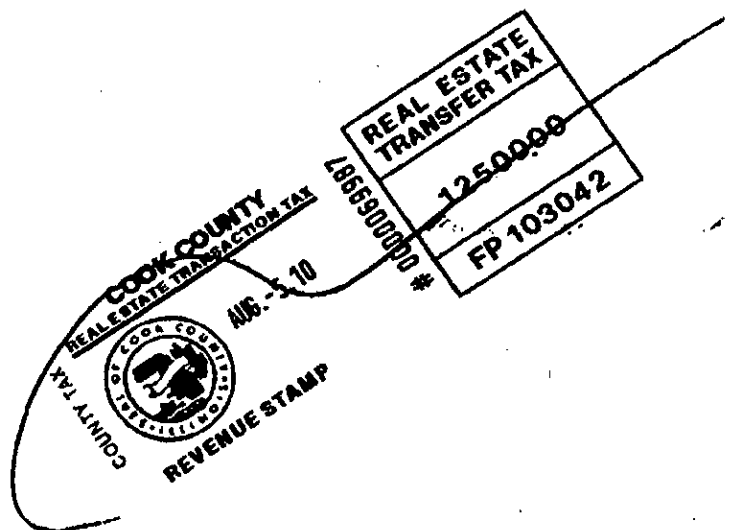
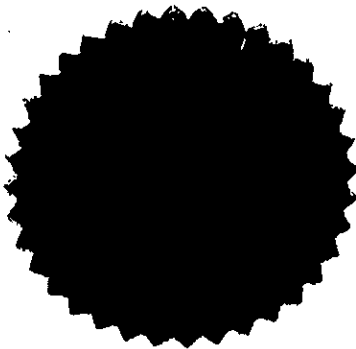
WESTLAKE COMMUNITY HOSPITAL, also doing business as **WESTLAKE HOSPITAL**, an Illinois not-for-profit corporation, whose address is 7435 West Talcott, Chicago, Illinois ("Grantor"), in consideration of the sum of TEN AND NO/100 (\$10.00) DOLLARS and other good and valuable consideration in hand paid by or on behalf of **VHS WESTLAKE HOSPITAL, INC.**, a Delaware corporation, whose address is 20 Burton Hills Boulevard, Suite 100, Nashville, Tennessee ("Grantee"), the receipt and sufficiency of which are hereby acknowledged and confessed, by these presents does hereby **GRANT, BARGAIN AND SELL** unto Grantee, all of Grantor's right, title and interest in and to the real property located in Melrose Park, Illinois, which is more particularly described on **Exhibit "A"** attached to and incorporated in this instrument by this reference, together with all and singular: (i) rights, benefits, privileges, easements, tenements, and appurtenances on and pertaining to the real property, including reversion or reversions, remainder or remainders, rents, issues and profits thereof, and all the estate, right, title, interest, claim and demand whatsoever, of Grantor, either at

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law or in equity of, in and to the above-described real property; (ii) Grantor's right, title and interest in and to any adjacent streets, roads, alleys, easements and rights-of-way; (iii) Grantor's right, title and interest in and to any and all improvements and buildings located on the above-described real property; and (iv) Grantor's right, title and interest in and to any and all building fixtures affixed or attached to, or situated upon, or acquired or used in connection therewith (the real property, together with the rights, appurtenances and interests, improvements, buildings, and fixtures being collectively called the "Property"), subject to, however, the exceptions set forth on the Exhibit "B", attached to and incorporated in this instrument by this reference (the "Permitted Exceptions").

TO HAVE AND TO HOLD the Property unto Grantee, its successors and assigns FOREVER, and Grantor does hereby bind itself and its successors and assigns to WARRANT AND FOREVER DEFEND all and singular the Property, subject to the Permitted Exceptions, unto Grantee, its successors and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof by, through or under Grantor, but not otherwise.

[Signature on following page]



This Special Warranty Deed shall be effective as of 12:01 AM local time on the 1ST
day of August, 2010.

GRANTOR:
WESTLAKE COMMUNITY HOSPITAL,
an Illinois not-for-profit corporation

By: *Sandra Bruce*

Name: Sandra Bruce

Title: President

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY
CERTIFY that Sandra Bruce, personally known to me to be the
President of WESTLAKE COMMUNITY HOSPITAL, an Illinois not-for-
profit corporation and same person whose name is subscribed to the foregoing instrument,
appeared before me this day in person and acknowledged that he signed, sealed and delivered
said as his free and voluntary act and deed, for the uses and purposes therein set forth.

Given under my hand and official seal, this _____ day of _____, 2010.

Florita De Jesus Ortiz
Notary Public

My Commission Expires: August 26, 2010

Address of Grantee and
Send subsequent Tax Bills To:

VHS Westlake Hospital, Inc.
c/o Vanguard Health Systems, Inc.
20 Burton Hills Boulevard
Suite 100
Nashville, TN 37215



Exhibit A

PARCEL 1:

LOTS 11 AND 12 IN BLOCK 65 IN MELROSE, A SUBDIVISION IN SECTIONS 3 AND 10 TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-03-456-013-0000

PARCEL 2:

LOTS 9 AND 10 IN BLOCK 50 IN MELROSE, A SUBDIVISION OF PART OF SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No: 15-03-457-006-0000

PARCEL 3:

THE WEST 42 FEET OF LOTS 11, 12, 13 AND 14 IN BLOCK 50 IN MELROSE A SUBDIVISION OF PART OF SECTION 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-03-457-017-0000

PARCEL 4:

THE EAST 42 FEET OF THE WEST 84 FEET OF LOTS 11 TO 14 IN BLOCK 50 IN MELROSE, A SUBDIVISION OF PART OF SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-03-457-018-0000

PARCEL 5:

LOTS 11, 12, 13 AND LOT 14 (EXCEPT THE WEST 84 FEET THEREOF) IN BLOCK 50 IN MELROSE, A SUBDIVISION OF THAT PART OF SECTIONS 3 AND 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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Permanent Index No.: 15-03-457-019-0000

PARCEL 6:

LOTS 77, 78, 79 AND 80 IN CHARLES WOLF SUBDIVISION OF ALL THAT PART LYING NORTH, OF THE SOUTH LINE OF THE NORTH 6TH STREET (EXTENDED EASTERLY) OF LOT "F" IN MELROSE A SUBDIVISION OF LOTS 3, 4 AND 5 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, AND ALL OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD IN COOK COUNTY, ILLINOIS.

ALSO

LOTS 9 AND 10 IN BLOCK 11 IN HENRY ULLRICH'S SUBDIVISION OF BLOCKS 11 AND 14 TO 34 INCLUSIVE ALL IN S.R. HAVEN'S ORIGINAL SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD, ALL IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-03-458-007-0000 - Lot 77

15-03-458-008-0000 - Lot 78

15-03-458-028-0000 - Lots 79 and 80

15-03-458-029-0000 - Lots 9 and 10

15-03-458-030-0000 - Lots 9 and 10

PARCEL 7:

LOTS 19 AND 20 IN PETER E. WOLF'S SUBDIVISION OF BLOCK 12 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF RAILROAD, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-03-459-006-0000

-A-2 -

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PARCEL 8:

LOTS 1 AND 2 IN PETER E. WOLF'S SUBDIVISION OF BLOCK 12 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF RAILROAD, IN MELROSE PARK, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-03-459-014-0000

PARCEL 9:

LOTS 1 AND 2 IN BLOCK 66 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-202-001-0000

PARCEL 10:

LOTS 3 AND 4 IN BLOCK 66 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-202-002-0000 - Lot 3
15-10-202-003-0000 - Lot 4

PARCEL 11:

LOTS 19 AND 20 IN BLOCK 66 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-202-008-0000 - Lot 20
15-10-202-009-0000 Lot 19

PARCEL 12:

LOTS 17 AND 18 IN BLOCK 66 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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Permanent Index No.: 15-10-202-010-0000 - Lot 18
15-10-202-011-0000 - Lot 17

PARCEL 13:

LOTS 15 AND 16 IN BLOCK 66 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-202-012-0000 - Lot 16
15-10-202-013-0000 - Lot 15

PARCEL 14:

INTENTIONALLY DELETED.

PARCEL 15:

LOTS 1 AND 2 IN BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO THE WEST 1/2 OF VACATED ALLEY LYING WEST OF AND ADJOINING SAID LOTS 1 AND 2.

Permanent Index No.: 15-10-203-001-0000

PARCEL 16:

LOTS 3 AND 4 IN BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO THE WEST 1/2 OF VACATED ALLEY LYING WEST OF AND ADJOINING SAID LOTS 3 AND 4.

Permanent Index No.: 15-10-203-002-0000
15-10-203-003-0000

-A-4-

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Permanent Index No.: 15-10-203-009-0000
15-10-203-010-0000
15-10-203-011-0000
15-10-203-012-0000
15-10-203-013-0000
15-10-203-014-0000
15-10-203-015-0000
15-10-203-016-0000

PARCEL 20-B:

THAT PART OF VACATED THIRTEENTH AVENUE (13TH AVENUE), LYING SOUTH OF THE SOUTH LINE OF CHICAGO AVENUE, NORTH OF THE NORTH LINE OF SUPERIOR STREET, EAST OF LOTS 11 TO 20, BOTH INCLUSIVE, IN BLOCK 49 IN MELROSE AFORESAID, AND WEST OF LOTS 81 TO 84, BOTH INCLUSIVE, IN CHARLES J. WOLF'S SUBDIVISION OF ALL THE PART LYING NORTH OF THE SOUTH LINE OF NORTH 6TH STREET EXTENDED EASTERLY OF LOT "F" IN MELROSE, A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD GALENA DIVISION, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS VACATED BY ORDINANCE, A COPY OF WHICH WAS RECORDED NOVEMBER 24, 1981 AS DOCUMENT 26068295, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-203-009-0000
15-10-203-010-0000
15-10-203-011-0000
15-10-203-012-0000
15-10-203-013-0000
15-10-203-014-0000
15-10-203-015-0000
15-10-203-016-0000
15-10-204-006-0000

-A-6-

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Permanent Index No.: 15-10-202-010-0000 - Lot 18
15-10-202-011-0000 - Lot 17

PARCEL 13:

LOTS 15 AND 16 IN BLOCK 66 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-202-012-0000 - Lot 16
15-10-202-013-0000 - Lot 15

PARCEL 14:

INTENTIONALLY DELETED.

PARCEL 15:

LOTS 1 AND 2 IN BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO THE WEST 1/2 OF VACATED ALLEY LYING WEST OF AND ADJOINING SAID LOTS 1 AND 2.

Permanent Index No.: 15-10-203-001-0000

PARCEL 16:

LOTS 3 AND 4 IN BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO THE WEST 1/2 OF VACATED ALLEY LYING WEST OF AND ADJOINING SAID LOTS 3 AND 4.

Permanent Index No.: 15-10-203-002-0000
15-10-203-003-0000

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DM_US 25767169-3.037442.0104

PARCEL 17:

LOTS 5 AND 6 IN BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO THE WEST 1/2 OF VACATED ALLEY LYING WEST OF AND ADJOINING SAID LOTS 5 AND 6.

Permanent Index No.: 15-10-203-017-0000

PARCEL 18:

LOTS 7 AND 8 IN BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO THE WEST 1/2 OF VACATED ALLEY LYING WEST OF AND ADJOINING SAID LOTS 7 AND 8.

Permanent Index No.: 15-10-203-006-0000 - Lot 7

15-10-203-007-0000 - Lot 8

PARCEL 19:

LOTS 9 AND 10 IN BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO THE WEST 1/2 OF VACATED ALLEY LYING WEST OF AND ADJOINING SAID LOTS 9 AND 10.

Permanent Index No.: 15-10-203-008-0000

PARCEL 20-A:

LOTS 11, 12, 13, 14, 15, 16, 17, 18, 19 AND 20 IN THE EAST 1/2 OF BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF THE CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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DM_US 25767169-3.037442.0104

Permanent Index No.: 15-10-203-009-0000

15-10-203-010-0000

15-10-203-011-0000

15-10-203-012-0000

15-10-203-013-0000

15-10-203-014-0000

15-10-203-015-0000

15-10-203-016-0000

PARCEL 20-B:

THAT PART OF VACATED THIRTEENTH AVENUE (13TH AVENUE), LYING SOUTH OF THE SOUTH LINE OF CHICAGO AVENUE, NORTH OF THE NORTH LINE OF SUPERIOR STREET, EAST OF LOTS 11 TO 20, BOTH INCLUSIVE, IN BLOCK 49 IN MELROSE AFORESAID, AND WEST OF LOTS 81 TO 84, BOTH INCLUSIVE, IN CHARLES J. WOLF'S SUBDIVISION OF ALL THE PART LYING NORTH OF THE SOUTH LINE OF NORTH 6TH STREET EXTENDED EASTERLY OF LOT "F" IN MELROSE, A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION OF SECTION 3 AND ALL OF SECTION 10 LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD GALENA DIVISION, ALL IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS VACATED BY ORDINANCE, A COPY OF WHICH WAS RECORDED NOVEMBER 24, 1981 AS DOCUMENT 26068295, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-203-009-0000

15-10-203-010-0000

15-10-203-011-0000

15-10-203-012-0000

15-10-203-013-0000

15-10-203-014-0000

15-10-203-015-0000

15-10-203-016-0000

15-10-204-006-0000

-A-6-

DM_US 25767169-3.037442.0104

PARCEL 20-C:

LOTS 1, 2, 3 AND 4 IN BLOCK 10 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10, LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILWAY COMPANY, IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO

LOTS 81, 82, 83 AND 84 IN CHARLES J. WOLF'S SUBDIVISION OF ALL THE PART LYING NORTH OF THE SOUTH LINE OF NORTH 6TH STREET EXTENDED EASTERLY OF LOT "F" IN MELROSE, A SUBDIVISION OF LOTS 3, 4, AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10, LYING NORTH OF THE CHICAGO AND NORTHWESTERN RAILWAY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-204-005-0000

15-10-204-006-0000

PARCEL 20-D:

LOTS 1, 2, 3, 4, 5, 6, 7, 8, THE SOUTH 1/2 OF LOT 9, LOTS 11 TO 20, BOTH INCLUSIVE, IN BLOCK 9 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10, LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY, IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-205-018-0000

PARCEL 20-E:

THAT PART OF THE VACATED NORTH-SOUTH 14-FOOT ALLEY IN BLOCK 9 IN S. R. HAVEN'S SUBDIVISION, LYING WEST OF AND ADJOINING LOTS 1 TO 7, BOTH INCLUSIVE, AND EAST OF AND ADJOINING LOTS 14 TO 20, BOTH INCLUSIVE, IN BLOCK 9 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10, LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY, IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS VACATED BY ORDINANCE PASSED BY THE VILLAGE OF MELROSE PARK, A COPY OF WHICH WAS RECORDED NOVEMBER 27, 1973 AS DOCUMENT 22554694, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-205-018-0000

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DM_US 25767169-3.037442.0104

PARCEL 20-F:

LOTS 3 TO 20, BOTH INCLUSIVE IN BLOCK 6 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10, LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-211-001-0000

15-10-211-002-0000

15-10-211-003-0000

15-10-211-004-0000

15-10-211-005-0000

15-10-211-006-0000

15-10-211-009-0000

15-10-211-010-0000

15-10-211-011-0000

15-10-211-012-0000

15-10-211-013-0000

15-10-211-014-0000

15-10-211-015-0000

15-10-211-016-0000

PARCEL 20-G:

THE EAST 1/2 OF THE VACATED NORTH-SOUTH 14-FOOT ALLEY LYING WEST OF AND ADJOINING LOTS 11 TO 20 IN THE EAST 1/2 OF BLOCK 49 IN MELROSE BEING A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, LYING NORTH OF CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS VACATED BY ORDINANCE PASSED BY THE VILLAGE OF MELROSE PARK, A COPY OF WHICH WAS RECORDED NOVEMBER 13, 1981 AS DOCUMENT 26058064, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-203-009-0000

15-10-203-010-0000

15-10-203-011-0000

15-10-203-012-0000

15-10-203-013-0000

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DM_US 25767169-3.037442.0104

15-10-203-014-0000
15-10-203-015-0000
15-10-203-016-0000

PARCEL 20-H:

THAT PART OF THE VACATED NORTH-SOUTH 14-FOOT ALLEY IN BLOCK 6 IN S. R. HAVEN'S SUBDIVISION LYING WEST OF AND ADJOINING LOTS 5 TO 12, BOTH INCLUSIVE, IN BLOCK 6 AND LYING EAST OF AND ADJOINING LOTS 13 TO 20, BOTH INCLUSIVE, IN BLOCK 6;

TOGETHER WITH THE EAST 1/2 OF THAT PART OF SAID VACATED ALLEY LYING WEST OF AND ADJOINING LOTS 3 AND 4 IN SAID BLOCK 6 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10, LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS VACATED BY ORDINANCE PASSED BY THE VILLAGE OF MELROSE PARK, A COPY OF WHICH WAS RECORDED NOVEMBER 21, 1980 AS DOCUMENT 25676496, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-211-001-0000

15-10-211-002-0000
15-10-211-003-0000
15-10-211-004-0000
15-10-211-005-0000
15-10-211-006-0000
15-10-211-009-0000
15-10-211-010-0000
15-10-211-011-0000
15-10-211-012-0000
15-10-211-013-0000
15-10-211-014-0000
15-10-211-015-0000
15-10-211-016-0000

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DM_US 25767169-3.037442.0104

PARCEL 21:

LOTS 1 AND 2 IN BLOCK 8 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-206-007-0000

PARCEL 22:

LOTS 3 AND 4 IN BLOCK 8 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**Permanent Index No.: 15-10-206-005-0000 – Lots 4 and 73
15-10-206-006-0000 – Lots 3 and 73**

PARCEL 23:

LOTS 5 AND 6 IN BLOCK 8 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**Permanent Index No.: 15-10-206-003-0000 – Lots 6 and 73
15-10-206-004-0000 – Lots 5 and 73**

PARCEL 24:

LOTS 7 AND 8 IN BLOCK 8 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-206-002-0000

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DM_US 25767169-3.037442.0104

PARCEL 25:

LOTS 9 AND 10 IN BLOCK 8 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-206-001-0000

PARCEL 26:

THE WEST 38 FEET (MEASURED ON NORTH LINE) OF LOTS 1 AND 2 IN BLOCK 6 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO THE EAST 1/2 OF THE VACATED ALLEY LYING WEST AND ADJOINING SAID LOTS 1 AND 2 IN BLOCK 6.

Permanent Index No.: 15-10-211-017-0000

PARCEL 27:

LOTS 13 AND 14 IN BLOCK 7 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-212-001-0000

15-10-212-002-0000

PARCEL 28:

LOTS 11 AND 12 IN BLOCK 7 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND

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**NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12,
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

Permanent Index No.: 15-10-212-003-0000

PARCEL 29:

**LOTS 9 AND 10 IN BLOCK 7 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE
SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF
SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND
NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12,
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

Permanent Index No.: 15-10-212-004-0000

PARCEL 30:

**THE EAST 1/3 OF LOTS 2 AND 3 (EXCEPT THE SOUTH 24 FEET OF LOT 2) IN
BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART
OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF
THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD
COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.**

Permanent Index No.: 15-10-210-012-0000

PARCEL 31:

**THE WEST 1/2 OF THE EAST 2/3 OF LOTS 2 AND 3 (EXCEPT THE SOUTH 24 FEET
OF LOT 2) IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE
SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF
SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND
NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12,
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

Permanent Index No.: 15-10-210-011-0000

PARCEL 32:

**THE WEST 1/3 OF LOTS 2 AND 3 TAKEN AS A TRACT (EXCEPT THE SOUTH 24
FEET THEREOF) IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE**

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SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO

THE SOUTH 24 FEET OF THE WEST 75 FEET OF LOT 2 IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-210-008-0000

PARCEL 33:

THE WEST 75 FEET OF LOT 1 (AS MEASURED ON NORTH LINE THEREOF) IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-210-005-0000

PARCEL 34:

LOT 1 (EXCEPT THE WEST 75 FEET THEREOF, AS MEASURED ON THE NORTH LINE THEREOF) AND THE SOUTH 24 FEET OF LOT 2 (EXCEPT THE WEST 75 FEET THEREOF AS MEASURED ON THE SOUTH LINE OF LOT 2) IN BLOCK 5 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PART OF THE SOUTH 1/2 OF SECTION 3 AND PART OF SECTION 10 LYING NORTH OF THE RIGHT OF WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-210-006-0000

15-10-210-007-0000

15-10-210-013-0000

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PARCEL 35:

THAT PART OF LOT "F" IN MELROSE SUBDIVISION LYING BETWEEN THE NORTH LINE OF ELGIN ROAD, NOW KNOWN AS LAKE STREET, AND THE SOUTH LINE OF NORTH 6TH STREET, NOW KNOWN AS SUPERIOR STREET, SAID LOT "F" BEING OTHERWISE DESCRIBED AS A STRIP OF LAND 42 FEET WIDE LYING EAST AND ABUTTING IN EAST LINE OF 13TH AVENUE SOUTH OF AND ABUTTING IN SOUTH LINE OF LOT "E" AND NORTH AND ABUTTING THE RIGHT OF WAY OF CHICAGO AND NORTHWESTERN RAILROAD AS SHOWN ON PLAT, DOCUMENT 102939, IN COOK COUNTY, ILLINOIS.

ALSO

THE EAST 1/2 OF VACATED 13TH AVENUE LYING WEST OF AND ADJOINING THAT PART OF LOT "F" DESCRIBED ABOVE.

Permanent Index No.: 15-10-209-002-0000 - Lot 5 and Alley
15-10-210-001-0000

PARCEL 36:

LOTS 1 AND 2 IN KUHLMANN'S SUBDIVISION OF LOTS 4, 5, 6, 7 AND 8 IN BLOCK 48 IN MELROSE PARK A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUPERIOR COURT PARTITION OF SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, BEING NORTH OF THE CHICAGO AND NORTHWESTERN RAILROAD IN COOK COUNTY, ILLINOIS.

ALSO

THE WEST 1/2 OF VACATED 13TH AVENUE LYING EAST OF AND ADJOINING SAID PARCEL.

Permanent Index No.: 15-10-209-005-0000

PARCEL 37:

LOTS 3, 4 AND 5 IN KUHLMANN'S SUBDIVISION OF LOTS 4, 5, 6, 7 AND 8 IN BLOCK 48 IN "MELROSE" PARK A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUPERIOR COURT PARTITION OF SOUTH 1/2 OF SECTION 3 AND ALL OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO

THE EAST 1/2 OF VACATED ALLEY LYING WEST OF AND ADJOINING LOT 5 AFORESAID.

Permanent Index No.: 15-10-209-003-0000 - Lot 4
15-10-209-004-0000 - Lot 3

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PARCEL 38:

THE EAST 50 FEET (MEASURED ON THE NORTH LINE OF LOTS 1, 2, AND 3 TAKEN AS A TRACT) IN BLOCK 48 IN MELROSE, A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND THAT PART LYING NORTH OF THE RAILROAD OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO

THE WEST 1/2 OF VACATED ALLEY LYING EAST OF AND ADJOINING SAID PARCEL.

Permanent Index No.: 15-10-209-007-0000

PARCEL 39:

LOTS 1, 2 AND 3, TAKEN AS A TRACT, (EXCEPT THE EAST 50.00 FEET) IN BLOCK 48 IN MELROSE, A SUBDIVISION OF LOTS 3, 4 AND 5 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3 AND PART LYING NORTH OF THE RAILROAD OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-209-006-0000

PARCEL 40:

INTENTIONALLY DELETED

PARCEL 41:

INTENTIONALLY DELETED

PARCEL 42:

INTENTIONALLY DELETED

PARCEL 43:

INTENTIONALLY DELETED

PARCEL 44:

INTENTIONALLY DELETED

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PARCEL 45:

INTENTIONALLY DELETED

PARCEL 46:

INTENTIONALLY DELETED

PARCEL 47:

INTENTIONALLY DELETED

PARCEL 48:

INTENTIONALLY DELETED

PARCEL 49:

INTENTIONALLY DELETED

PARCEL 50:

INTENTIONALLY DELETED

PARCEL 51:

INTENTIONALLY DELETED

PARCEL 52:

INTENTIONALLY DELETED

PARCEL 53:

LOTS 12 AND 13 AND NORTH 1/2 OF LOT 11 (EXCEPT THE EAST 50 FEET THEREOF) IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF THAT PART OF SECTION 10 LYING NORTH, OF THE RIGHT-OF-WAY OF CHICAGO AND NORTH WESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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DM_US 25767169-3.037442.0104

Permanent Index No.: 15-10-218-002-0000

15-10-218-003-0000

PARCEL 54:

THE EAST 50 FEET OF THE NORTH, 9 FEET OF LOT 11 AND THE EAST 50 FEET OF LOT 12 AND THE EAST 50 FEET OF LOT 13 (MEASURED ON THE SOUTH LINE THEREOF) IN BLOCK 4 IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL THAT PART OF SECTION 10 LYING NORTH OF THE RIGHT-OF-WAY OF THE CHICAGO AND NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-218-004-0000

PARCEL 55:

INTENTIONALLY DELETED

PARCEL 56:

INTENTIONALLY DELETED

PARCEL 57:

INTENTIONALLY DELETED

PARCEL 58:

THE EAST 110.25 FEET OF LOT 9 (EXCEPT THE NORTH 30 FEET THEREOF) AND THE EAST 110.25 FEET OF THE NORTH 15 FEET OF LOT 8 IN BLOCK 4 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN SUPERIOR COURT PARTITION OF THE SOUTH 1/2 OF SECTION 3 AND ALL OF THAT PART OF SECTION 10 LYING NORTH OF THE RIGHT-OF-WAY OF THE CHICAGO NORTHWESTERN RAILROAD IN TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No. 15-10-218-017-0000

PARCEL 59:

INTENTIONALLY DELETED

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DM_US 25767169-3.037442.0104

PARCEL 60:

INTENTIONALLY DELETED

PARCEL 61:

INTENTIONALLY DELETED

PARCEL 62:

INTENTIONALLY DELETED

PARCEL 63:

INTENTIONALLY DELETED

PARCEL 64:

INTENTIONALLY DELETED

PARCEL 65:

INTENTIONALLY DELETED

PARCEL 66:

INTENTIONALLY DELETED

PARCEL 67:

INTENTIONALLY DELETED

PARCEL 68:

INTENTIONALLY DELETED

PARCEL 69:

INTENTIONALLY DELETED

PARCEL 70:

INTENTIONALLY DELETED

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DM_US 25767169-3.037442.0104

PARCEL 71:

INTENTIONALLY DELETED

PARCEL 72:

ALL THAT PART OF THE 14-FOOT NORTH/SOUTH ALLEY, LYING WEST OF AND ADJOINING LOTS 8 TO 10, BOTH INCLUSIVE IN BLOCK 9 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN AND THAT PART OF SECTION 10, LYING NORTH OF THE RIGHT-OF-WAY OF THE CHICAGO AND NORTHWESTERN RAILWAY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-205-018-0000

PARCEL 73:

THAT PART OF 11TH AVENUE, LYING SOUTH OF AND ADJOINING THE SOUTH LINE OF CHICAGO AVENUE AND LYING NORTH OF AND ADJOINING THE WESTERLY EXTENSION OF THE NORTH LINE OF LOT 8 IN BLOCK IN 7 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN AND THAT PART OF SECTION 10, LYING NORTH OF THE RIGHT-OF-WAY OF THE CHICAGO AND NORTHWESTERN RAILWAY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-206-001-0000

15-10-206-002-0000

15-10-206-007-0000

15-10-212-001-0000

15-10-212-002-0000

15-10-212-003-0000

15-10-212-004-0000

*15-10-206-003
15-10-206-004
15-10-206-005
15-10-206-006*

-A-19-

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PARCEL 74:

THAT PART OF 12TH AVENUE, LYING SOUTH OF AND ADJOINING THE SOUTH LINE OF CHICAGO AVENUE AND LYING NORTH OF AND ADJOINING THE NORTHERLY LINE OF LAKE STREET IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-210-006-0000

15-10-210-007-0000

15-10-210-012-0000

15-10-210-013-0000

15-10-204-005-0000

PARCEL 75:

THAT PART OF 14TH AVENUE, LYING SOUTH OF AND ADJOINING THE SOUTH LINE OF CHICAGO AVENUE AND LYING NORTH OF AND ADJOINING THE NORTHERLY LINE OF LAKE STREET IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-208-001-0000

PARCEL 76:

THAT PART OF SUPERIOR STREET, LYING EAST OF AND ADJOINING THE EAST LINE OF 11TH AVENUE AND LYING WEST OF AND ADJOINING THE NORTHERLY EXTENSION OF THE EAST LINE OF LOT 14 IN BLOCK 7 IN S.R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN AND THAT PART OF SECTION 10, LYING NORTH OF THE RIGHT-OF-WAY OF THE CHICAGO AND NORTHWESTERN RAILWAY IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THIRD PRINCIPAL MERIDIAN; ALSO,

THAT PART OF SUPERIOR STREET, LYING EAST OF AND ADJOINING THE EAST LINE OF 12TH AVENUE AND LYING WEST OF AND ADJOINING THE WEST LINE OF 11TH AVENUE IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN; ALSO,

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THAT PART OF SUPERIOR STREET, LYING EAST OF AND ADJOINING THE EAST LINE OF 14TH AVENUE AND LYING WEST OF AND ADJOINING THE WEST LINE OF 12TH AVENUE IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.; 15-10-203-008-0000

15-10-206-007-0000

15-10-204-005-0000

15-10-211-001-0000

PARCEL 77:

INTENTIONALLY DELETED

PARCEL 78:

INTENTIONALLY DELETED

PARCEL 79:

INTENTIONALLY DELETED

PARCEL 80:

INTENTIONALLY DELETED.

PARCEL 81:

INTENTIONALLY DELETED.

-A-21 -

DM_US 25767169-3.037442.0104

16-08-116-019-0000	217 NORTH HUMPHREY, OAK PARK	WEST LOT	WEST SUBURBAN MEDICAL CENTER
16-08-116-020-0000	215 NORTH HUMPHREY, OAK PARK	WEST LOT	WEST SUBURBAN MEDICAL CENTER
16-08-116-021-0000	213 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-116-022-0000	211 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-116-023-0000	209 NORTH HUMPHREY, OAK PARK	RESIDENCE	WEST SUBURBAN MEDICAL CENTER
16-08-116-024-0000	207 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-116-025-0000	205 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-116-026-0000	204 NORTH HUMPHREY, OAK PARK	GREEN SPACE	WEST SUBURBAN MEDICAL CENTER
16-08-117-001-0000	223 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-002-0000	216 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-003-0000	214 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-005-0000	212 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-010-0000	210 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-011-0000	208 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-012-0000	200 NORTH HUMPHREY, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-013-0000	500 NORTH AUSTIN, OAK PARK	HOSPITAL	WEST SUBURBAN MEDICAL CENTER
16-08-117-015-0000	1 ERIE CT., OAK PARK	PROFESSIONAL OFFICE BUILDING	WEST SUBURBAN MEDICAL CENTER
16-08-117-016-0000	1 BANC ST., OAK PARK	PROFESSIONAL OFFICE BUILDING	WEST SUBURBAN MEDICAL CENTER
The Oak Park parcels above consisting of 11.29 acres.			
15-03-456-013-0000	705 NORTH 14TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-457-006-0000	703 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-457-017-0000	1305 CHICAGO, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-457-018-0000	1305 CHICAGO, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-457-019-0000	1305 CHICAGO, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-458-007-0000	709 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-458-008-0000	705 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-458-028-0000	703 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-458-029-0000	1211 CHICAGO, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-458-030-0000	1201 CHICAGO, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-459-005-0000	702 NORTH 12TH, MELROSE PARK	CONVENT BUILDING	DISCERNMENT SERVICES

15-03-459-006-0000	1101 CHICAGO AVENUE, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-03-459-014-0000	702 NORTH 11TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-202-001-0000	619 NORTH 15TH, MELROSE PARK	PARKING	WESTLAKE COMMUNITY HOSPITAL
15-10-202-002-0000	615 NORTH 15TH, MELROSE PARK	PARKING	WESTLAKE COMMUNITY HOSPITAL
15-10-202-003-0000	615 NORTH 15TH, MELROSE PARK	PARKING	WESTLAKE COMMUNITY HOSPITAL
15-10-202-008-0000	618 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-009-0000	618 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-010-0000	614 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-011-0000	614 NORTH 14TH, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-012-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-013-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT G	WESTLAKE COMMUNITY HOSPITAL
15-10-202-014-0000	602 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-001-0000	619 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-002-0000	615 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-003-0000	613 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-006-0000	605 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-007-0000	603 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-008-0000	601 NORTH 14TH, MELROSE PARK	BREWSTER HALL	WESTLAKE COMMUNITY HOSPITAL
15-10-203-009-0000	620 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-010-0000	618 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-011-0000	616 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-012-0000	614 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-013-0000	612 NORTH 13TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-203-014-0000	608 NORTH 13TH, MELROSE PARK	PARKING LOT	WESTLAKE COMMUNITY HOSPITAL
15-10-203-015-0000	604 NORTH 13TH, MELROSE PARK	PARKING LOT	WESTLAKE COMMUNITY HOSPITAL
15-10-203-016-0000	602 NORTH 13TH, MELROSE PARK	WEST WING	WESTLAKE COMMUNITY HOSPITAL
15-10-203-017-0000	611 NORTH 14TH, MELROSE PARK	PARKING LOT F	WESTLAKE COMMUNITY HOSPITAL
15-10-204-005-0000	1225 SUPERIOR, MELROSE PARK	HOSPITAL	WESTLAKE COMMUNITY HOSPITAL
15-10-204-006-0000	1225 SUPERIOR, MELROSE PARK	HOSPITAL	WESTLAKE COMMUNITY HOSPITAL
15-10-205-018-0000	1111 SUPERIOR, MELROSE PARK	POB	WESTLAKE COMMUNITY HOSPITAL

15-10-206-001-0000	635 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-002-0000	627 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-004-0000	619 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-005-0000	607 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-006-0000	607 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-206-007-0000	603 NORTH 11TH, MELROSE PARK	PARKING LOT D	WESTLAKE COMMUNITY HOSPITAL
15-10-208-001-0000	658 NORTH 14TH AVENUE, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-209-002-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-004-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-005-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-209-006-0000	1225 SUPERIOR, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-209-007-0000	1315 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-210-001-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT E	WESTLAKE COMMUNITY HOSPITAL
15-10-210-005-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-006-0000	1225 SUPERIOR, MELROSE PARK	ADMINISTRATIVE OFFICES	WESTLAKE COMMUNITY HOSPITAL
15-10-210-007-0000	1225 SUPERIOR, MELROSE PARK	ADMINISTRATIVE OFFICES	WESTLAKE COMMUNITY HOSPITAL
15-10-210-008-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-011-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-012-0000	1225 SUPERIOR, MELROSE PARK	CAMPUS GROUNDS	WESTLAKE COMMUNITY HOSPITAL
15-10-210-013-0000	1225 SUPERIOR, MELROSE PARK	MEDICAL ARTS BUILDING	WESTLAKE COMMUNITY HOSPITAL
15-10-211-001-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-002-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-004-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-005-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-006-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-007-0000	211 AUCHESTER, MELROSE PARK	PARKING LOT	RESURRECTION SERVICES
15-10-211-008-0000	1115 WEST LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES

15-10-211-009-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-010-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-011-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-012-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-013-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-014-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-015-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-016-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT B	WESTLAKE COMMUNITY HOSPITAL
15-10-211-017-0000	1225 SUPERIOR, MELROSE PARK	HOSPITAL OFFICES	WESTLAKE COMMUNITY HOSPITAL
15-10-212-001-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-212-002-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-212-003-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-212-004-0000	1225 SUPERIOR, MELROSE PARK	PARKING LOT C	WESTLAKE COMMUNITY HOSPITAL
15-10-216-018-0000	1400 LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-019-0000	1402 LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-020-0000	1402 LAKE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-021-0000	138 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-216-022-0000	134 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-216-023-0000	134 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-216-028-0000	120 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-001-0000	141 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-002-0000	141 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-011-0000	117 NORTH 14TH, MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-217-014-0000	105 N. 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-015-0000	103 NORTH 14TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-020-0000	134 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-021-0000	132 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-022-0000	130 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-217-023-0000	128 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-217-029-0000	114 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL

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15-10-217-030-0000	112 NORTH 13TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-218-002-0000	1212 LAKE, MELROSE PARK	PARKING LOT H	WESTLAKE COMMUNITY HOSPITAL
15-10-218-003-0000	1212 LAKE, MELROSE PARK	PARKING LOT H	WESTLAKE COMMUNITY HOSPITAL
15-10-218-004-0000	1200 LAKE, MELROSE PARK	PARKING LOT H	WESTLAKE COMMUNITY HOSPITAL
15-10-218-006-0000	124 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-007-0000	124 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-008-0000	122 NORTH 12TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-011-0000	120 NORTH 12TH, MELROSE PARK	2 FLAT RESIDENCE	RESURRECTION SERVICES
15-10-218-017-0000	116 NORTH 12TH, MELROSE PARK	VACANT	WESTLAKE COMMUNITY HOSPITAL
15-10-218-018-0000	115 NORTH 13TH, MELROSE PARK	2 FLAT RESIDENCE	RESURRECTION SERVICES
15-10-218-019-0000	115 NORTH 13TH, MELROSE PARK	2 FLAT RESIDENCE	RESURRECTION SERVICES
15-10-218-020-0000	114 NORTH 12TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-021-0000	115 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-042-0000	108 NORTH 12TH AVE., MELROSE PARK	RESIDENCE	RESURRECTION SERVICES
15-10-218-047-0000	115 NORTH 13TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-218-049-0000	1218 LAKE, MELROSE PARK	PARKING LOT H	WESTLAKE COMMUNITY HOSPITAL
15-10-219-007-0000	131 NORTH 12TH, MELROSE PARK	GARAGE	RESURRECTION SERVICES
15-10-219-011-0000	1 WINSTON PLAZA, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-012-0000	1 WINSTON PLAZA, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-015-0000	140 NORTH 11TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-016-0000	140 NORTH 11TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-018-0000	134 NORTH 11TH, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-219-029-0000	133 NORTH 12TH AVENUE, MELROSE PARK	VACANT	RESURRECTION SERVICES
15-10-221-055-0000	913 MAIN, MELROSE PARK	WAREHOUSE	RESURRECTION SERVICES
15-10-221-056-0000	913 MAIN, MELROSE PARK	WAREHOUSE	RESURRECTION SERVICES
The Melrose Park parcels above consisting of 20.38 acres.			

* * *

Exhibit B

1. REAL ESTATE TAXES NOT YET DUE AND PAYABLE.

2.

- AL 14. RIGHT-OF-WAY VACATION AND EASEMENT AGREEMENT MADE BY AND BETWEEN THE VILLAGE OF MELROSE PARK AND THE WESTLAKE COMMUNITY HOSPITAL RECORDED NOVEMBER 9, 2007

AS DOCUMENT NUMBER 0731315166, WHICH INSTRUMENT WAS RE-RECORDED NOVEMBER 13, 2007 AS DOCUMENT NUMBER 0731709080.

(AFFECTS PARCELS 72-76)

- AN 15. ORDINANCE AUTHORIZING AND APPROVING A CERTAIN RIGHT-OF-WAY VACATION AND RESERVATION OF EASEMENT AGREEMENT RECORDED NOVEMBER 9, 2007 AS DOCUMENT NUMBER 0731315167.

(AFFECTS PARCELS 72-76)

- N 17. EASEMENT IN, UPON, UNDER, OVER AND ALONG PART OF PARCELS 20-E AND 20-H TO INSTALL AND MAINTAIN ALL EQUIPMENT FOR THE PURPOSE OF SERVING THE LAND AND OTHER PROPERTY WITH ELECTRIC SERVICE, TOGETHER WITH RIGHT OF ACCESS TO SAID EQUIPMENT, AS CREATED BY GRANT TO THE COMMONWEALTH EDISON COMPANY, ITS SUCCESSORS AND ASSIGNS, RECORDED JULY 28, 1981 AS DOCUMENT 25951765.

(AFFECTS PARCELS 20-E AND 20-H AND PART PARCEL 72)

- O 18. A NON-EXCLUSIVE EASEMENT IN FAVOR OF THE COMMONWEALTH EDISON COMPANY, AND ITS RESPECTIVE SUCCESSORS AND ASSIGNS, TO INSTALL, OPERATE AND MAINTAIN ALL EQUIPMENT NECESSARY FOR THE PURPOSE OF SERVING THE LAND AND OTHER PROPERTY, TOGETHER WITH THE RIGHT OF ACCESS TO SAID EQUIPMENT USED WITH A SWITCHGEAR BOX, AND THE PROVISIONS RELATING THERETO CONTAINED IN THE GRANT RECORDED AUGUST 16, 1991 AS DOCUMENT 91402182.

(AFFECTS PARCEL 20-F)

- P 19. EASEMENT IN FAVOR OF THE COMMONWEALTH EDISON COMPANY AND ILLINOIS BELL TELEPHONE COMPANY, AND ITS/THEIR RESPECTIVE SUCCESSORS AND ASSIGNS, TO INSTALL, OPERATE AND MAINTAIN ALL EQUIPMENT NECESSARY FOR THE PURPOSE OF SERVING THE LAND AND OTHER PROPERTY, TOGETHER WITH THE RIGHT OF ACCESS TO SAID EQUIPMENT, AND THE PROVISIONS RELATING THERETO CONTAINED IN THE GRANT RECORDED/FILED AS DOCUMENT NO. 25087326.

(AFFECTS PARCEL 30 AND 34)

- Q 20. EASEMENT IN, UPON, UNDER, OVER AND ALONG A PART OF PARCEL 32 TO INSTALL AND MAINTAIN ALL EQUIPMENT FOR THE PURPOSE OF SERVING THE LAND AND OTHER PROPERTY WITH ELECTRIC SERVICE, TOGETHER WITH RIGHT OF ACCESS TO SAID EQUIPMENT, AS CREATED BY GRANT TO THE COMMONWEALTH EDISON COMPANY, ITS SUCCESSORS AND ASSIGNS, RECORDED JULY 28, 1981 AS DOCUMENT 25951766.

(AFFECTS PARCEL 32)

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- R 21. EASEMENT AND THE PROVISIONS RELATING THERETO CONTAINED IN THE PLAT RECORDED/FILED AS DOCUMENT NO. 26058210, AFFECTING THE NORTH 10 FEET OF THE LAND.
- (AFFECTS PARCELS 30, 31, 32 AND 35)
- S 22. EASEMENT IN, UPON, UNDER, OVER AND ALONG A PART OF PARCELS 32 AND 33 TO INSTALL AND MAINTAIN ALL EQUIPMENT FOR THE PURPOSE OF SERVING THE LAND AND OTHER PROPERTY WITH ELECTRIC SERVICE, TOGETHER WITH RIGHT OF ACCESS TO SAID EQUIPMENT, AS CREATED BY GRANT TO THE COMMONWEALTH EDISON COMPANY, ITS SUCCESSORS AND ASSIGNS, RECORDED DECEMBER 4, 1979 AS DOCUMENT 25266689.
- (AFFECTS PARCELS 30, 31, 32, 33 AND 34)
- N 23. EASEMENT IN FAVOR OF THE COMMONWEALTH EDISON COMPANY AND ILLINOIS BELL TELEPHONE COMPANY, AND ITS/THEIR RESPECTIVE SUCCESSORS AND ASSIGNS, TO INSTALL, OPERATE AND MAINTAIN ALL EQUIPMENT NECESSARY FOR THE PURPOSE OF SERVING THE LAND AND OTHER PROPERTY, TOGETHER WITH THE RIGHT OF ACCESS TO SAID EQUIPMENT, AND THE PROVISIONS RELATING THERETO CONTAINED IN THE GRANT RECORDED/FILED AS DOCUMENT NO. 16227448, AFFECTING THE EAST 5 FEET OF THE NORTH 3 FEET OF THE LAND.
- (AFFECTS PARCEL 35)
- K 24. EASEMENT OVER THE LAND FOR THE PURPOSE OF INSTALLING AND MAINTAINING ALL EQUIPMENT NECESSARY TO SERVE THE SUBDIVISION AND OTHER LAND WITH TELEPHONE AND ELECTRICAL SERVICE; TOGETHER WITH THE RIGHT TO OVERHANG AERIAL SERVICE WIRES AND THE RIGHT OF ACCESS TO SUCH WIRES AS CREATED BY GRANT TO THE ILLINOIS BELL TELEPHONE COMPANY AND THE COMMONWEALTH EDISON COMPANY AND THEIR RESPECTIVE SUCCESSORS AND ASSIGNS RECORDED OCTOBER 12, 1982 AS DOCUMENT NUMBER 26377461 AFFECTING THE NORTH 9 FEET OF LOT 5 AND OTHER PROPERTY OF THE LAND.
- (AFFECTS PARCELS 15-19, 20G, 37 AND 38)
- AD 25. EASEMENT IN FAVOR OF THE COMMONWEALTH EDISON COMPANY, AND ITS/THEIR RESPECTIVE SUCCESSORS AND ASSIGNS, TO INSTALL, OPERATE AND MAINTAIN ALL EQUIPMENT NECESSARY FOR THE PURPOSE OF SERVING THE LAND AND OTHER PROPERTY, TOGETHER WITH THE RIGHT OF ACCESS TO SAID EQUIPMENT, AND THE PROVISIONS RELATING THERETO CONTAINED IN THE GRANT RECORDED JULY 28, 1991 AS DOCUMENT NO. 25951765.
- (AFFECTS PARCEL 20E, 20H, 26, 40 AND 72)
- AQ 26. EASEMENT IN FAVOR OF THE VILLAGE OF MELROSE PARK, AND ITS/THEIR RESPECTIVE SUCCESSORS AND ASSIGNS, TO INSTALL, OPERATE AND MAINTAIN ALL EQUIPMENT NECESSARY FOR THE PURPOSE OF SERVING THE LAND AND OTHER PROPERTY, TOGETHER WITH THE RIGHT OF ACCESS TO SAID EQUIPMENT, AND THE PROVISIONS RELATING THERETO CONTAINED IN THE DEED RECORDED/FILED AS DOCUMENT NO. 9984761, AFFECTING THE WEST 10 FEET OF THE EAST 120.25 FEET OF LOTS 8, 9, 10 AND THE SOUTH 1/2 OF LOT 11 OF PARCELS 56, 57, 58 AND 63 OF THE LAND.
- AB 27. EASEMENT FOR THE PURPOSE OF LAYING SEWER AND WATER MAINS AFFECTING THE WEST 10 FEET OF THE EAST 120.25 FEET OF LOTS 8, 9 & 10 AND THE SOUTH 1/2 OF LOT 11 OF PARCEL 55 OF THE LAND, AND THE TERMS AND PROVISIONS CONTAINED THEREIN.

-B-2 -

DM_US 25767169-3.037442.0104



WARRANTY DEED

This instrument prepared by and
after recording return to:

Thomas L. Hefty, Esq.
McDermott, Will & Emery LLP
227 West Monroe Street
Chicago, Illinois 60606

This Deed is exempt under 35 ILCS
200/31-45(e)

[Signature]
7/30/2010

Property Address:
211 West Lake Street
Melrose Park, Illinois

PIN: 15-10-211-007-0000
15-10-211-008-0000

Doc#: 1021741027 Fee: \$46.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/05/2010 12:46 PM Pg: 1 of 6

(Above Area For Recorder's Use)

2/12
8502446

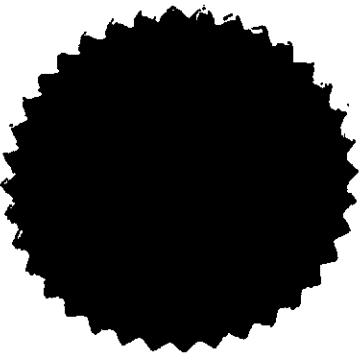
RESURRECTION HEALTH CARE CORPORATION, an Illinois corporation, whose address is 7435 West Talcott Avenue, Chicago, Illinois 60631 ("Grantor"), in consideration of the sum of TEN AND NO/100 (\$10.00) DOLLARS and other good and valuable consideration in hand paid by **RESURRECTION SERVICES**, an Illinois not-for-profit corporation, whose address is 7435 West Talcott Avenue, Chicago, Illinois 60631 ("Grantee"), the receipt and sufficiency of which are hereby acknowledged and confessed, by these presents does hereby **CONVEY AND WARRANT** unto Grantee, all of Grantor's right, title and interest in and to the real property located in Melrose Park, Cook County, Illinois, which is more particularly described on Exhibit A attached to and incorporated in this instrument by this reference, together with all and singular: (i) rights, benefits, privileges, easements, tenements, and appurtenances on and pertaining to the real property, including reversion or reversions, remainder or remainders, rents, issues and profits thereof, and all the estate, right, title, interest, claim and demand whatsoever, of Grantor, either at law or in equity of, in and to the above-described real property; (ii) Grantor's right, title and interest in and to any adjacent streets, roads, alleys, easements and rights-of-way; (iii) Grantor's right, title and interest in and to any and all improvements and buildings located on the above-described real property; and (iv) Grantor's right, title and interest in and to any and all fixtures affixed or attached to, or situated upon, or acquired or used in connection therewith (the real property, together with the rights, appurtenances and interests, improvements, buildings, and fixtures being collectively

DM 15 25783739-1 037442 0104

called the "**Property**"), subject to, however, (a) zoning laws, rules and regulations affecting the Property, if any, (b) the lien of current ad valorem taxes not yet due and payable, which taxes shall be prorated as of the date of this Deed and are hereby assumed by Grantee, and the lien of all future ad valorem taxes, which taxes Grantee hereby assumes and agrees to pay, and (c) all restrictions, covenants, easements and stipulations of record affecting the Property, collectively referred to as the "Permitted Exceptions").

TO HAVE AND TO HOLD the Property unto Grantee, its successors and assigns FOREVER, and Grantor does hereby bind itself and its successors and assigns to WARRANT AND FOREVER DEFEND all and singular the Property, subject to the Permitted Exceptions, unto Grantee, its successors and assigns, against every person whomsoever.

[Signature on following page]



THIS WARRANTY DEED is made and entered into as of the 1st day of August, 2010.

GRANTOR:
RESURRECTION HEALTH CARE CORPORATION,
an Illinois corporation

By: *Sandra Bruce*

Name: Sandra Bruce

Title: President and Chief Executive Officer

STATE OF ILLINOIS)
) SS.
COUNTY OF Cook)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO
HEREBY CERTIFY that Sandra Bruce, personally known to me to be the
same person whose name is subscribed to the foregoing instrument, appeared before me this day in
person and acknowledged that he/she signed, sealed and delivered said as his/her free and
voluntary act and deed, for the uses and purposes therein set forth.

Given under my hand and official seal, this 1st day of August,
2010.

Florita De Jesus-Ortiz
Notary Public

My Commission Expires: August 26, 2010

Send subsequent Tax Bills To:

Resurrection Services
7447 West Talcott Avenue, #261
Chicago, Illinois 60631-3713

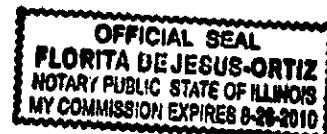


EXHIBIT A
LEGAL DESCRIPTION

PARCEL 40:

LOTS 21 AND 22 IN BLOCK 6, TOGETHER WITH THE WEST 1/2 OF THE VACATED ALLEY LYING EAST OF AND ADJOINING SAID LOTS, IN S. R. HAVEN'S SUBDIVISION OF LOT 2 IN THE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN AND THAT PART OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE RAILROAD, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-10-211-007-0000
15-10-211-008-0000

* * *

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated August 10, 2010
Signature: [Signature] (Grantor or Agent)

Subscribed and sworn to before me by the

said _____

this 1st day of August

20 10

[Signature] (Notary Public)



The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated _____, 20____
Signature: _____ (Grantee or Agent)

Subscribed and sworn to before me by the

said _____

this _____ day of _____

20 _____

(Notary Public)

NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated _____, 20_____
Signature: _____ (Grantor or Agent)

Subscribed and sworn to before me by the

said _____

this _____ day of _____

20 _____.

(Notary Public)

The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

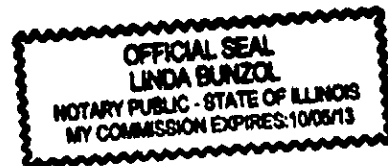
Dated July 30, 2010
Signature: Thomas L. Haring (Grantee or Agent)

Subscribed and sworn to before me by the

said Thomas L. Haring

this 30 day of July

20 10
Linda Bunzof (Notary Public)



NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

Section I

Attachment 3

Operating Entity/Licensee

VHS Westlake Hospital, Inc. is currently licensee and operator of Westlake. Copies of Westlake's general acute care hospital license and Joint Commission accreditation are attached at ATTACHMENT 3.

Following the Transaction, Westlake OpCo will be the licensee and operator of Westlake.

The Certificate of Good Standing for Westlake OpCo is attached at ATTACHMENT 1.

The following Persons own a 5% or greater interest in VHS:

Name	Percentage Interest
Vanguard Health Financial Company, LLC	100%

The following Persons own a 5% or greater interest in Vanguard Health Financial Company, LLC:

Name	Percentage Interest
Vanguard Health Systems, Inc.	100%

The following Persons own a 5% or greater interest in Vanguard Health Systems, Inc.:

Name	Percentage Interest
Tenet Healthcare Corporation	100%

The following Persons own a 5% or greater interest in Pipeline – Westlake Hospital, LLC:


Name	Percentage Interest
SRC Hospital Investments II, LLC	100%

ATTACHMENT 3

The following Persons own a 5% or greater interest in SRC:

Name	Percentage Interest
SRC Healthcare Investments I, LLC	33.7%
Mokuleia, LLC	33.7%
TWG Partners, LLC	16.8%
Jim Edwards	8.3%

ATTACHMENT 3

 **Illinois Department of PUBLIC HEALTH** HF116078

LICENSE PERMIT CERTIFICATION REGISTRATION

The person, firm or corporation named herein has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activities indicated below.

Nirav D. Shah, M.D., J.D.
Director

Issued under the authority of the Illinois Department of Public Health

7/31/2019	0005702
General Hospital	
Effective 08/01/2018	

VHS Westlake Hospital, Inc.
dba Westlake Hospital
1225 West Lake Street
Melrose Park, IL 60160

The face of this license has a colored signature. Printed by: Authority of the State of Illinois • P.O. #45240 6/14/18

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 7/31/2019

Lic Number 0005702

Date Printed 6/14/2018

VHS Westlake Hospital, Inc.
dba Westlake Hospital
1225 West Lake Street
Melrose Park, IL 60160

FEE RECEIPT NO.

Westlake Hospital

Melrose Park, IL

has been Accredited by



The Joint Commission

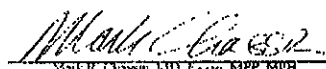
Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

February 9, 2018

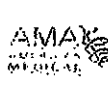
Accreditation is customarily valid for up to 36 months.


Charles W. Jones, FACHE
Chair, Board of Commissioners

ID #7382
Print/Reprint Date: 06/29/2018


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



Section I

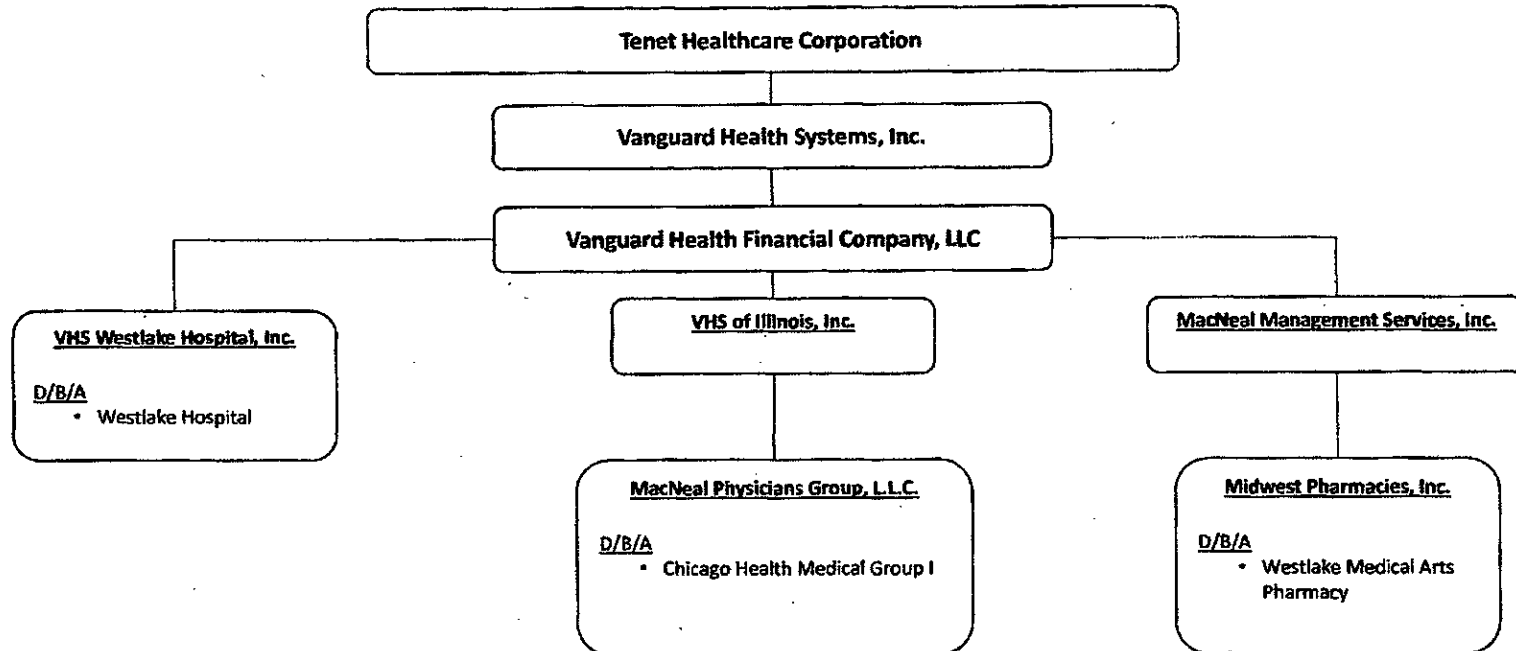
Attachment 4

Organizational Relationships

The organizational charts for each Applicant is attached at ATTACHMENT 4.

ATTACHMENT 4

Pre-Transaction Structure



```

graph TD
    SRC[SRC Hospital Investments II, LLC] --- WH1[Westlake Property Holdings, LLC]
    SRC --- PWH1[Pipeline-Westlake Hospital, LLC  
d/b/a VHS Westlake Hospital]
    SRC --- WH2[West Suburban Property Holdings, LLC]
    SRC --- PWSM[Pipeline-West Suburban Medical Center, LLC  
d/b/a West Suburban Medical Center]
    SRC --- PWH3[Pipeline-Weiss Memorial Hospital, LLC  
d/b/a Louis A. Weiss Memorial Hospital]
    SRC --- WH3[Weiss Property Holdings, LLC]

    PWH1 -.->|Management Services Provided through Management Services Agreement| PHM[Pipeline Healthcare Management, LLC]
    PWSM -.->|Management Services Provided through Management Services Agreement| PHM
    PWH3 -.->|Management Services Provided through Management Services Agreement| PHM

    WH1 -.->|Lease of RE| PWH1
    WH2 -.->|Lease of RE| PWSM
    WH3 -.->|Lease of RE| PWH3
  
```

Section III

Attachment 5

Criterion 1110.230(a), Background of Applicants

SRC

1. SRC is a Delaware limited liability company.
2. SRC has not previously owned or operated hospitals or other health care facilities in Illinois.
3. An authorization letter granting access to the Review Board and the Illinois Department of Public Health ("IDPH") to verify information regarding SRC is attached at ATTACHMENT 5.

Westlake OpCo

4. Westlake OpCo is a Delaware limited liability company. Westlake OpCo will be the licensee and operator of Westlake following the consummation of the Transaction.
5. SRC is the sole member of Westlake OpCo.
6. Westlake OpCo has not previously owned or operated hospitals or other health care facilities in Illinois.
7. An authorization letter granting access to the Review Board and the Illinois Department of Public Health ("IDPH") to verify information regarding Westlake OpCo is attached at ATTACHMENT 5.

VHS

8. VHS is a Delaware business corporation.
9. Vanguard is the sole member of VHS.
10. There have been no adverse actions taken against any facility owned or operated in Illinois by VHS during the three (3) year period prior to the filing of this Application. A letter certifying the above information is attached at ATTACHMENT 5.
11. An authorization letter granting access to the Review Board and IDPH to verify information regarding VHS is attached at ATTACHMENT 5.
12. VHS Westlake Hospital, Inc. is currently licensee and operator of Westlake. Copies of Westlake's general acute care hospital license and Joint Commission accreditation are attached at ATTACHMENT 3.

Tenet

13. Tenet is the sole shareholder of Vanguard.

ATTACHMENT 5

14. There have been no adverse actions taken against any facility owned or operated in Illinois by Tenet during the three (3) year period prior to the filing of this Application. A letter certifying the above information is attached at ATTACHMENT 5.

15. An authorization letter granting access to the Review Board and IDPH to verify information regarding Tenet is attached at ATTACHMENT 5.

16. The Applicants submit for informational purposes certain information in an Illinois Health Facilities and Services Review Board Application for Exemption Permit filed by Tenet, Gottlieb Community Health Services Corporation, Loyola University Health System, Trinity Health Corporation, and VHS of Illinois, Inc. in connection with the change of ownership of MacNeal Hospital, which application was filed on January 1, 2018. The information relates to adverse actions against Tenet affiliates located in South Carolina and Georgia, and is attached at ATTACHMENT 5.

NOTE: SRC and its affiliated entities have not previously owned or operated hospitals or other health care facilities in Illinois.

ATTACHMENT 5

August 28 2018

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

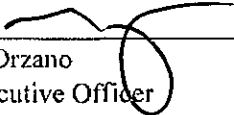
Mr. Michael Constantino
Supervisor, Project Review Section
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: Authorization to Access Information (VHS Westlake Hospital Certificate of Exemption).

Dear Ms. Avery and Mr. Constantino:

Pursuant to 77 Ill. Admin. Code §1110.230, I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by SRC Hospital Investments II, LLC with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

Sincerely,



Nicholas Orzano
Chief Executive Officer

SUBSCRIBED AND SWORN
to before me this 28th day
of August, 2018

Please see attached

Notary Public

0136

CALIFORNIA JURAT CERTIFICATE

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

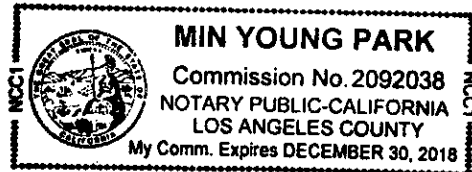
Subscribed and sworn to (or affirmed) before me on this 28th day of August
20 18, by Nicholas Orzano

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS MY HAND AND OFFICIAL SEAL.



Signature of Notary Public



(Notary Seal)

OPTIONAL INFORMATION

The jurat contained within this document is in accordance with California law. Any affidavit subscribed and sworn to before a notary shall use the preceding wording or substantially similar wording pursuant to Civil Code sections 1189 and 8202. A jurat certificate cannot be affixed to a document sent by mail or otherwise delivered to a notary public, including electronic means, whereby the signer did not personally appear before the notary public, even if the signer is known by the notary public. The seal and signature cannot be affixed to a document without the correct notarial wording. As an additional option an affiant can produce an affidavit on the same document as the notarial certificate wording to eliminate the use of additional documentation.

DESCRIPTION OF ATTACHED DOCUMENT

Authorization to Access Information

(Title of document)

Number of Pages 1 (Including jurat)

Document Date August 28, 2018

VHS Westlake Hospital Certificate of Exemption

(Additional Information)

CAPACITY CLAIMED BY SIGNER

☒ Individual
☐ Corporate Officer
☐ Partner
☐ Attorney-In-Fact
☐ Trustee
☐ Other: _____

65-1

0137

August 26 2018

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

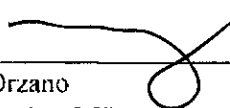
Mr. Michael Constantino
Supervisor, Project Review Section
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: Authorization to Access Information (VHS Westlake Hospital Certificate of Exemption).

Dear Ms. Avery and Mr. Constantino:

Pursuant to 77 Ill. Admin. Code §1110.230, I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Pipeline-Westlake Hospital, LLC with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

Sincerely,



Nicholas Orzano
Chief Executive Officer

~~SUBSCRIBED AND SWORN
to before me this 26th day
of August 2018~~

~~_____
Notary Public~~

0138

CALIFORNIA JURAT CERTIFICATE

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

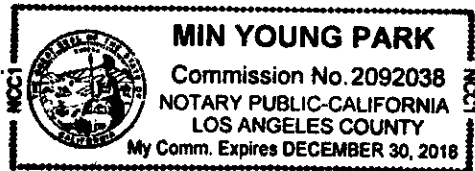
Subscribed and sworn to (or affirmed) before me on this 28th day of August
20 18, by Nicholas Orzano

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS MY HAND AND OFFICIAL SEAL.



Signature of Notary Public



(Notary Seal)

OPTIONAL INFORMATION

The jurat contained within this document is in accordance with California law. Any affidavit subscribed and sworn to before a notary shall use the preceding wording or substantially similar wording pursuant to Civil Code sections 1189 and 8202. A jurat certificate cannot be affixed to a document sent by mail or otherwise delivered to a notary public, including electronic means, whereby the signer did not personally appear before the notary public, even if the signer is known by the notary public. The seal and signature cannot be affixed to a document without the correct notarial wording. As an additional option an affiant can produce an affidavit on the same document as the notarial certificate wording to eliminate the use of additional documentation.

DESCRIPTION OF ATTACHED DOCUMENT

Authorization to Access Information

(Title of document)

Number of Pages 1 (Including jurat)

Document Date August 28, 2018

VHS Westlake Hospital Certificate of Exemption

(Additional Information)

CAPACITY CLAIMED BY SIGNER

☒ Individual
☐ Corporate Officer
☐ Partner
☐ Attorney-In-Fact
☐ Trustee
☐ Other: _____

0139

August 29, 2018

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

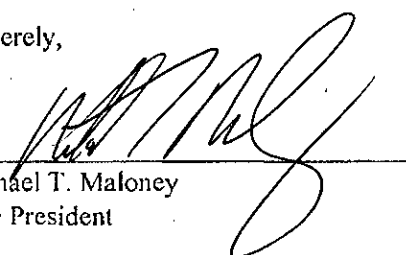
Mr. Michael Constantino
Supervisor, Project Review Section
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: Authorization to Access Information (VHS Westlake Hospital Certificate of Exemption).

Dear Ms. Avery and Mr. Constantino:

Pursuant to 77 Ill. Admin. Code §1110.230, I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by VHS Westlake Hospital, Inc. with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

Sincerely,



Michael T. Maloney
Vice President

SUBSCRIBED AND SWORN
to before me this 29 day
of August, 2018



Notary Public



0140

August 29, 2018

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Mr. Michael Constantino
Supervisor, Project Review Section
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: Authorization to Access Information (VHS Westlake Hospital Certificate of Exemption).

Dear Ms. Avery and Mr. Constantino:

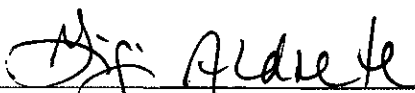
Pursuant to 77 Ill. Admin. Code §1110.230, I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Tenet Healthcare Corporation with this application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this application.

Sincerely,



Michael T. Maloney
Senior Vice President, Acquisitions & Development

SUBSCRIBED AND SWORN
to before me this 29 day
of August, 2018



Notary Public



0141

August 21, 2018

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Mr. Michael Constantino
Supervisor, Project Review Section
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: No Adverse Actions Certification (VHS Westlake Hospital Certificate of Exemption).

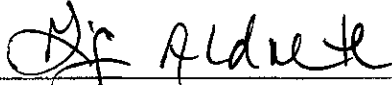
Dear Ms. Avery and Mr. Constantino:

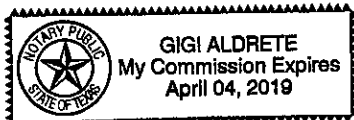
I hereby certify, under the penalty of perjury as provided in §1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code § § 1110.230 and 1130.520(b)(1)(B), that there have been no adverse actions taken against any Illinois facility owned or operated by Tenet Healthcare Corporation during the three (3) years prior to the filing of this application for a Certificate of Exemption.

Sincerely,


Michael T. Maloney
Senior Vice President, Acquisitions & Development

SUBSCRIBED AND SWORN
to before me this 29 day
of August, 2018


Notary Public



0147

August 27, 2018

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

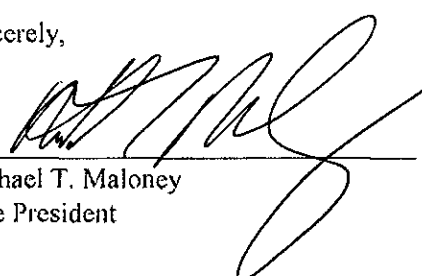
Mr. Michael Constantino
Supervisor, Project Review Section
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: No Adverse Actions Certification (VHS Westlake Hospital Certificate of Exemption).

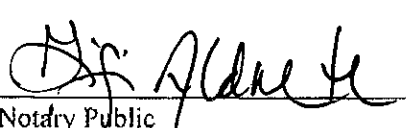
Dear Ms. Avery and Mr. Constantino:

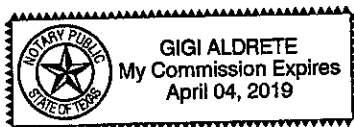
I hereby certify, under the penalty of perjury as provided in §1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code § § 1110.230 and 1130.520(b)(1)(B), that there have been no adverse actions taken against any Illinois facility owned or operated by VHS Westlake Hospital, Inc. during the three (3) years prior to the filing of this application for a Certificate of Exemption.

Sincerely,


Michael T. Maloney
Vice President

SUBSCRIBED AND SWORN
to before me this 29 day
of August, 2018


Notary Public



0143



January 9, 2018

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Mr. Michael Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: No Adverse Actions Certification (MacNeal Hospital Certificate of Exemption)

Dear Ms. Avery and Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code §§ 1110.230 and 1130.520(b)(1)(B), as follows:

1. In or about September of 2016, Tenet Healthcare Corporation ("Tenet"), and certain of Tenet's affiliates located in South Carolina and Georgia, executed that certain Settlement Agreement with the United States Department of Justice (the "DOJ") and the Office of the Inspector General of the Department of Health and Human Services, pursuant to which Tenet, and certain of Tenet's affiliates located in South Carolina and Georgia, resolved certain civil and criminal allegations arising from certain operations at Atlanta Medical Center and North Fulton Medical Center in Georgia. A copy of the DOJ Press Release is attached.

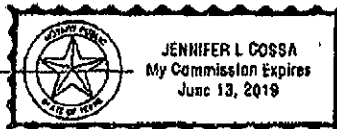
2. There have been no adverse actions taken against any Illinois facility owned or operated by Tenet during the three (3) years prior to the filing of this Certificate of Exemption.

Sincerely,

Its: Vice President

SUBSCRIBED AND SWORN
to before me this 9th day
of January, 2018.

Notary Public



Tenet Healthcare
1445 Ross Avenue, Suite 1400, Dallas, Texas 75202-2703 T 469-893-2000 W tenethealth.com

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0144

JUSTICE NEWS

Department of Justice
Office of Public Affairs

FDR IMMEDIATE RELEASE

Monday, October 3, 2016

Hospital Chain Will Pay over \$513 Million for Defrauding the United States and Making Illegal Payments in Exchange for Patient Referrals; Two Subsidiaries Agree to Plead Guilty

A major U.S. hospital chain, Tenet Healthcare Corporation, and two of its Atlanta-area subsidiaries will pay over \$513 million to resolve criminal charges and civil claims relating to a scheme to defraud the United States and to pay kickbacks in exchange for patient referrals.

Principal Deputy Assistant Attorney General David Bitkower of the Justice Department's Criminal Division; U.S. Attorney John Horn of the Northern District of Georgia; Principal Deputy Assistant Attorney General Benjamin C. Mizer, head of the Justice Department's Civil Division; U.S. Attorney G.F. Peterman III of the Middle District of Georgia; Georgia Attorney General Samuel S. Dens; Acting Special Agent in Charge George Crouch of the FBI's Atlanta Field Office; and Special Agent in Charge Derrick L. Jackson of the U.S. Department of Health and Human Services-Office of Inspector General (HHS-OIG) in Atlanta made the announcement.

In addition, two Tenet subsidiaries, Atlanta Medical Center Inc. and North Fulton Medical Center Inc., have agreed to plead guilty to conspiracy to defraud the United States and to pay health care kickbacks and bribes in violation of the Anti-Kickback Statute (AKS). The plea agreements remain subject to acceptance by the court. Up until April 2016, Atlanta Medical Center Inc. and North Fulton Medical Center Inc. owned and operated acute-care hospitals located in the greater Atlanta metropolitan area.

Atlanta Medical Center Inc. and North Fulton Medical Center Inc. were charged in a criminal information filed today in federal court in Atlanta with conspiracy to defraud the United States by obstructing the lawful government functions of HHS and to violate the AKS, which, among other things, prohibits payments to induce the referral of patients for services paid for by federal health care programs. The two Tenet subsidiaries have agreed to plead guilty to the charges alleged in the criminal information and will forfeit over \$145 million to the United States - which represents the amount paid to Atlanta Medical Center Inc. and North Fulton Medical Center Inc. by the Medicare and Georgia Medicaid programs for services provided to patients referred as part of the scheme.

Tenet HealthSystem Medical Inc. and its subsidiaries (collectively THSM) entered into a non-prosecution agreement (NPA) with the Criminal Division's Fraud Section and the U.S. Attorney's Office of the Northern District of Georgia related to the charges in the criminal information. THSM is the parent company of Atlanta Medical Center Inc., North Fulton Medical Center Inc., Spalding Regional Medical Center Inc. and Hilton Head Hospital, and employed their executives. THSM is a subsidiary of Tenet Healthcare Corporation. Under the terms of the NPA, THSM and Tenet will avoid prosecution if they, among other requirements, cooperate with the government's ongoing investigation and enhance their compliance and

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ethics program and internal controls. Tenet has also agreed to retain an independent compliance monitor to address and reduce the risk of any recurrence of violations of the AKS by any entity owned in whole, or in part, by Tenet. The term of THSM's and Tenet's obligations under the NPA is three years, but the NPA may be extended for up to one year.

In the civil settlement, Tenet agreed to pay \$368 million to the federal government, the state of Georgia and the state of South Carolina to resolve claims asserted in *United States ex rel. Williams v. Health Mgmt. Assocs., Tenet Healthcare, et al.*, a lawsuit filed by Ralph D. Williams, a Georgia resident, in the Middle District of Georgia, under the federal and Georgia False Claims Acts. The acts permit whistleblowers to file suit for false claims against the government entities and to share in any recovery. The federal share of the civil settlement is \$244,227,535.30, the state of Georgia will recover \$122,680,339.70 and the state of South Carolina will recover \$892,125. Mr. Williams' share of the combined civil settlement amount is approximately \$84.43 million.

"When pregnant women seek medical advice, they deserve to receive care untainted by bribes and illegal kickbacks," said Principal Deputy Assistant Attorney General Bitkower. "The Tenet case is the first brought through the assistance of the Criminal Division's corporate health care fraud strike force. This is one of more than a dozen active corporate investigations by the strike force, and we are committed to following evidence of health care fraud wherever it leads - whether it be individual physicians, pharmacy owners or corporate boardrooms."

"Our Medicaid system is premised on a patient's ability to make an informed choice about where to seek care without undue interference from those seeking to make a profit," said U.S. Attorney Horn. "Tenet cheated the Medicaid system by paying bribes and kickbacks to a pre-natal clinic to unlawfully refer over 20,000 Medicaid patients to the hospitals. In so doing, they exploited some of the most vulnerable members of our community and took advantage of a payment system designed to ensure that underprivileged patients have choices in receiving care."

"The Department of Justice continues to devote enormous resources to exposing and pursuing alleged misconduct of improper financial relationships between hospitals and referral sources," said Principal Deputy Assistant Attorney General Mizer. "Such relationships exploit vulnerable populations and threaten to drive up the cost of healthcare for everyone. In addition to yielding a substantial recovery for taxpayers, this settlement reflects the department's lack of tolerance for these types of abusive arrangements, and the negative effects they can have on our health care system."

"The global resolution of this complex and sophisticated fraud scheme exemplifies what can be accomplished through the cooperation of federal and state investigative and prosecutorial authorities," said U.S. Attorney Peterman. "I am particularly proud of the civil attorneys in the U.S. Attorney's Office for the Middle District of Georgia, working hand in hand with investigators of the U.S. Department of Health and Human Services and attorneys in the Civil Division and the Medicaid Fraud Control Unit of the Office of the Attorney General of Georgia, whose combined efforts greatly contributed to this outstanding result on behalf of the American taxpayers."

"Tenet took advantage of vulnerable pregnant women in clear violation of the law by paying kickbacks in order to bring their referrals to Tenet hospitals," said Georgia Attorney General Oens. "Through this scheme, Tenet defrauded the Georgia Medicaid program, and reaped hundreds of millions of dollars. This is an unprecedented settlement for the state of Georgia, and reflects my office's commitment to protecting Georgia taxpayers by uncovering Medicaid fraud and abuse."

"The FBI continues to play a significant role in ensuring that federal laws related to the healthcare industry, to include the federally funded Medicare and Medicaid programs, are enforced," said Acting Special Agent in Charge Crouch. "The settlement agreements announced today involving Tenet Healthcare Corporation,

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as well as related guilty pleas by two of its Atlanta-based hospitals, Atlanta Medical Center Inc., and North Fulton Medical Center Inc., are a clear example of those efforts. In addition, the FBI's Major Provider Response Team (MPRT) assisted the Atlanta Field Office in the civil and criminal investigation of Tenet. The MPRT was created in 2011 in response to numerous healthcare related corporate-level schemes resulting in billions in losses to healthcare plans. The FBI, along with its MPRT, will continue to aggressively address the threat of large-scale corporate healthcare schemes significantly impacting both private and government healthcare benefit plans."

"OIG continues to emphasize investigation of improper financial relationships between health care providers," said Special Agent in Charge Jackson. "Using their positions of trust, health providers – after receiving payments from Tenet – sent expectant women specifically to Tenet hospitals. Patients were often directed to Tenet facilities miles and miles from their homes and on their journeys passed other hospitals that could have provided needed care. These women were thereby placed at increased risk during one of the most vulnerable points in their lives. HHS-OIG will continue to protect patients by exposing such illegal arrangements."

As alleged in the criminal information as well as civil complaints filed by the department and the state of Georgia in 2014 and 2013, Atlanta Medical Center Inc., North Fulton Medical Center Inc., Spalding Regional Medical Center Inc. and Hilton Head Hospital paid bribes and kickbacks to the owners and operators of prenatal care clinics serving primarily undocumented Hispanic women in return for the referral of those patients for labor and delivery medical services at Tenet hospitals. These kickbacks and bribes allegedly helped Tenet obtain more than \$145 million in Medicaid and Medicare funds based on the resulting patient referrals.

According to the criminal information, as part of the scheme, expectant mothers were in some cases told at the prenatal care clinics that Medicaid would cover the costs associated with their childbirth and the care of their newborn only if they delivered at one of the Tenet hospitals, and in other cases were simply told that they were required to deliver at one of the Tenet hospitals, leaving them with the false belief that they could not select the hospital of their choice. The criminal information alleges that as a result of these false and misleading statements and representations, many expectant mothers traveled long distances from their homes to deliver at the Tenet hospitals, placing their health and safety, and that of their newborn babies, at risk.

The criminal information also charges Atlanta Medical Center Inc. and North Fulton Medical Center Inc. with conspiring to defraud HHS in its administration and oversight of the Medicare and Medicaid Programs, including HHS-OIG's enforcement of Tenet's September 2006 corporate integrity agreement (the CIA). The criminal information and the civil complaint allege that many of the unlawful payments happened while Tenet was under the CIA. The criminal information further alleges that certain executives of Atlanta Medical Center Inc., North Fulton Medical Center Inc. and others concealed these unlawful payments from HHS-OIG during the pendency of the CIA by, among other things, falsely certifying compliance with the requirements of the CIA and failing to disclose reportable events relating to the unlawful relationship under the CIA.

...

Deputy Chief Joseph S. Beemsterboer, Assistant Chief Robert A. Zink and Trial Attorneys Sally B. Molloy, Antonio M. Pozos and A. Brendan Stewart of the Criminal Division's Fraud Section and Chief Randy S. Charlash and Deputy Chief Stephen McClain of the Northern District of Georgia's Economic Crime Section represented the government in the criminal prosecution. The U.S. Attorney's Office of the Middle District of Georgia and the Civil Division's Commercial Litigation Branch represented the federal government in the

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civil case. The HHS Office of Counsel to the Inspector General, the FBI and the Georgia and South Carolina Medicaid Fraud Control Units provided assistance in this matter.

The FBI's Atlanta Field Office, HHS-OIG and the FBI Healthcare Fraud Unit MPRT investigated the case.

This settlement illustrates the government's emphasis on combating health care fraud and marks another achievement for the Health Care Fraud Prevention and Enforcement Action Team (HEAT) initiative, which was announced in May 2009 by the Attorney General and the Secretary of HHS. The partnership between the two departments has focused efforts to reduce and prevent Medicare and Medicaid financial fraud through enhanced cooperation. One of the most powerful tools in this effort is the False Claims Act. Since January 2009, the Justice Department has recovered a total of more than \$30.9 billion through False Claims Act cases, with more than \$18.6 billion of that amount recovered in cases involving fraud against federal health care programs.

If you believe you are a victim of this offense, please visit this [website](#) or call (888) 549-3945.

Attachment(s):

[Download Tenet Civil Settlement Agreement](#)

[Download Tenet NPA and Attachments](#)

[Download Criminal Information for Atlanta Medical Center Inc. and North Fulton Medical Center Inc.](#)

Topic(s):

False Claims Act

Health Care Fraud

Component(s):

[Civil Division](#)

[Criminal Division](#)

[Criminal - Criminal Fraud Section](#)

[USAO - Georgia, Middle](#)

[USAO - Georgia, Southern](#)

Press Release Number:

16-1144

Updated April 27, 2017

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<https://www.justice.gov/opa/pr/hospital>

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3. Following the Transaction, (i) Westlake PropCo will own the land, buildings, and other real estate comprising the campus of Westlake, and (ii) Westlake OpCo will own all of the other assets comprising of Westlake.

Criterion 1130.520(b)(1)(F), Fair Market Value of Assets Being Transferred

1. Under the terms of the Purchase Agreement, (i) Westlake PropCo and Westlake OpCo, will be acquiring real estate, buildings, and assets associated with Westlake, (ii) West Suburban Property Holdings, LLC and Pipeline-West Suburban Medical Center, LLC will be acquiring the assets and real estate associated with WSMC, and (iii) Weiss Hospital Property Holdings, LLC and Pipeline-Weiss Memorial Hospital, LLC will be acquiring the real estate, buildings, and assets associated with Weiss Hospital, for Seventy Million Dollars (\$70,000,000.00), subject to adjustments for working capital and capital expenditures (the "Purchase Price").
2. The Purchase Price was negotiated at arms-length and represents fair market value.

Criterion 1130.520(b)(1)(G), Purchase Price of the Assets Being Transferred

1. Under the terms of the Purchase Agreement, (i) Westlake PropCo and Westlake OpCo, will be acquiring the real estate, buildings, and assets associated with Westlake, (ii) West Suburban Property Holdings, LLC and Pipeline-West Suburban Medical Center, LLC will be acquiring the real estate, buildings, and assets associated with WSMC, and (iii) Weiss Hospital Property Holdings, LLC and Pipeline-Weiss Memorial Hospital, LLC will be acquiring the real estate, buildings, and assets associated with Weiss Hospital, for Seventy Million Dollars (\$70,000,000.00), subject to adjustments for working capital and capital expenditures (the "Purchase Price").

Criterion 1130.520(b)(2), Completion of Pending CONs

1. There are no pending Certificates of Need or Certificates of Exemption for SRC, Westlake OpCo, Westlake PropCo, VHS, VHF, Vanguard, or Tenet

Criterion 1130.520(b)(3), Charity Care Policies

1. The current charity care policies for Westlake are attached at ATTACHMENT 7.
2. Following the Transaction, SRC will be adopting a Charity Care Policy at Westlake, copies of which are attached at ATTACHMENT 7 (the "SRC Charity Care Policy").
3. The SRC Charity Care Policy is not more restrictive than the current charity care policies at Westlake.
4. The SRC Charity Care Policy will remain in place for no less than two (2) years following the consummation of the Transaction. See ATTACHMENT 7.

Criterion 1130.520(b)(4), Benefits to the Community

1. Following the Transaction, Westlake will continue to operate for the benefit of the residents of Chicago and the greater Chicago area, including serving poor and underserved individuals through Westlake's charitable activities.

Criterion 1130.520(b)(5), Cost Savings

1. At this time, it is not possible to predict with specificity the cost savings that will be realized.

Criterion 1130.520(b)(6), Quality Improvement

1. Following the Transaction, SRC will have an extensive quality improvement program in place for Westlake, to be overseen by the local Westlake Governing Board and administered by Pipeline Illinois.

Criterion 1130.520(b)(7), Governing Body

1. Following the Transaction, Westlake will be governed by the Westlake Local Governing Board (subject to the reserve powers of SRC as sole member). The current local Westlake Governing Board will be elected to the Westlake Governing Board (and certain members of the current Westlake Governing Board will exit from the Westlake Governing Board).

Criterion 1130.520(b)(8), Section 1110.240 Written Response

1. The review criteria set forth in 77 Ill. Admin. Code §1110.240 have been addressed, a copy of which is available for public review at Westlake.

Criterion 1130.520(b)(9), Scope of Service Changes or Charity Care Changes

1. The Transaction set forth in this COE will result in no changes to the scope of services offered at Westlake.
2. Following the Transaction, SRC will be implementing a Charity Care Policy at Westlake.
3. The SRC Charity Care will not be more restrictive than the current Charity Care Policy of Westlake, and will remain in effect for at least two (2) years after the Transaction.



**POLICIES &
PROCEDURES**

DEPARTMENT: Business Office	POLICY DESCRIPTION: Charity Care, Financial Assistance and Billing & Collection Policies for Uninsured Patients
PAGE: 1 of 10	REPLACES POLICY DATED:
APPROVED: June 1, 2004	RETIRED:
EFFECTIVE DATE: July 1, 2004	REFERENCE NUMBER: 11-0801

SCOPE:

All Company-affiliated hospitals.

PURPOSE:

This Policy and Procedure is established to provide the operational guidelines for the Company's hospitals (each a "Hospital" and, collectively, the "Hospitals") to identify uninsured patients who are Financially Indigent or Medically Indigent that may qualify for charity care (free care) or financial assistance, to process patient applications for charity care or financial assistance and to bill and collect from uninsured patients, including those who qualify as Financially Indigent or Medically Indigent under this Policy.

POLICY:

1. Charity Care or Financial Assistance. The Company's Hospitals shall provide charity care (free care) or financial assistance to uninsured patients for their emergency, non-elective care who qualify for classification as Financially Indigent or Medically Indigent in accordance with the Charity Care Financial Assistance Process set forth below. The Company's Hospitals shall adopt a written policy in conformity with the Company's Policy and Procedure set forth herein. Charity Care (100% discounts) under this Policy shall be available for uninsured patients with incomes below 200% of the Federal Poverty Level (the "Financially Indigent"). 40 to 80% discounts shall be available for uninsured patients either (1) with income below 500% FPL or (2) with balances due for hospital services in excess of 50% of their annual income (the "Medially Indigent"). See attached Financial Assistance Eligibility Guidelines.

2. Billing and Collection Processes for Uninsured Patients. All uninsured patients receiving care at the Company's Hospitals will be treated with respect and in a professional manner before, during and after receiving care. Each of the Company's Hospitals should adopt a written policy in conformity with the Company's Policy and Procedure set forth herein for its billing and collection practices in respect of all uninsured patients, including those uninsured patients who qualify for classification as Financially Indigent or Medically Indigent under this Policy.

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ATTACHMENT 7



**POLICIES &
PROCEDURES**

DEPARTMENT: Business Office	POLICY DESCRIPTION: Charity Care, Financial Assistance and Billing & Collection Policies for Uninsured Patients
PAGE: 2 of 10	REPLACES POLICY DATED:
APPROVED: June 1, 2004	RETIRED:
EFFECTIVE DATE: July 1, 2004	REFERENCE NUMBER: 11-0801

PROCEDURE:

A. CHARITY CARE AND FINANCIAL ASSISTANCE PROCESS

1. **Application.** Each Company Hospital will request that each patient applying for charity care financial assistance complete a Financial Assistance Application Form (Assistance Application). An example Financial Assistance Application Form is attached hereto. The Assistance Application allows for the collection of needed information to determine eligibility for financial assistance.

A. **Calculation of Immediate Family Members.** Each Hospital will request that patients requesting charity care verify the number of people in the patient's household.

1. **Adults.** In calculating the number of people in an adult patient's household, Hospital will include the patient, the patient's spouse and any dependents of the patient or the patient's spouse.
2. **Minors.** For persons under the age of 18. In calculating the number of people in a minor patient's household, Hospital will include the patient, the patient's mother, dependents of the patient's mother, the patient's father, and dependents of the patient's father.

B. **Calculation of Income.**

1. **Adults.** For adults, determine the sum of the total yearly gross income of the patient and the patient's spouse (the "Income"). Hospital may consider other financial assets of the patient and the patient's family (members of family are as defined in section "Calculation of Immediate Family Members") and the patient's or the patient's family's ability to pay.
2. **Minors.** If the patient is a minor, determine the Income from the patient, the patient's mother and the patient's father. Hospital may consider other financial assets of the patient and the patient's family (members of family are as defined in section "Calculation of Immediate Family Members") and the patient's or the patient's family's ability to pay.

2. **Income Verification.** Hospital shall request that the patient verify the Income and

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**POLICIES &
PROCEDURES**

DEPARTMENT: Business Office	POLICY DESCRIPTION: Charity Care, Financial Assistance and Billing & Collection Policies for Uninsured Patients
PAGE: 5 of 10	REPLACES POLICY DATED:
APPROVED: June 1, 2004	RETIRED:
EFFECTIVE DATE: July 1, 2004	REFERENCE NUMBER: 11-0801

Supervisor.

H. Classification Pending Income Verification. During the Income Verification process, while Hospital is collecting the information necessary to determine a patient's Income, the patient may be treated as a self-pay patient in accordance with Hospital policies.

3. **Information Falsification.** Falsification of information may result in denial of the Assistance Application. If, after a patient is granted financial assistance as either Financially Indigent or Medically Indigent, and Hospital finds material provision(s) of the Assistance Application to be untrue, the financial assistance may be withdrawn.

4. **Request for Additional Information.** If adequate documents are not provided, Hospital will contact the patient and request additional information. If the patient does not comply with the request within 14 calendar days from the date of the request, such non-compliance will be considered an automatic denial for financial assistance. A note will be input into Hospital computer system and any and all paperwork that was completed will be filed according to the date of the denial note. No further actions will be taken by Hospital personnel. If requested documentation is later obtained, all filed documentation will be pulled and patient will be reconsidered for Financial Assistance.

5. **Automatic Classification as Financially Indigent.** The following is a listing of types of accounts where Financial Assistance is considered to be automatic and documentation of Income or a Financial Assistance application is not needed:

- Medicaid accounts-Exhausted Days/Benefits
- Medicaid spend down accounts
- Medicaid or Medicare Dental denials
- Medicare Replacement accounts with Medicaid as secondary-where Medicare Replacement plan left patient with responsibility

6. **Classification as Financially Indigent.** Financially Indigent means an uninsured person who is accepted for care with no obligation (charity care) or with a discounted obligation to pay for the services rendered, based on the Hospital Eligibility Criteria.

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POLICIES &
PROCEDURES

DEPARTMENT: Business Office	POLICY DESCRIPTION: Charity Care, Financial Assistance and Billing & Collection Policies for Uninsured Patients
PAGE: 6 of 10	REPLACES POLICY DATED:
APPROVED: June 1, 2004	RETIRED:
EFFECTIVE DATE: July 1, 2004	REFERENCE NUMBER: 11-0801

A. Classification. The Hospital may classify as Financially Indigent all uninsured patients whose income, as determined in accordance with the Assistance Application, is less than or equal to 200% of the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services (Federal Poverty Guidelines).

B. Acceptance. If Hospital accepts the patient as Financially Indigent, the patient may be granted charity care or financial assistance discounts in accordance with the attached Financial Assistance Eligibility Guidelines.

7. **Classification as Medically Indigent.** Medically Indigent means *an uninsured patient* who does not qualify as Financially Indigent under this policy because the patient's income exceeds 500% of Federal Poverty Guidelines, but whose medical or hospital bills exceed a specified percentage of the person's income, and who is unable to pay the remaining bill.

A. Initial Assessment. To be considered for classification as a Medically Indigent patient, the amount owed by the patient on all outstanding accounts after all payments by the patient must exceed 10% of the patient's income and the patient must be unable to pay the remaining bill. If the patient does not meet the Initial Assessment criteria, the patient may not be classified as Medically Indigent.

B. Acceptance. The Hospital may also accept a patient as Medically Indigent when they meet the acceptance criteria set forth below.

(1) The patient's bill is greater than 50% of the patient's income, calculated in accordance with the Hospital's income verification procedures, and the patient's income is greater than 500% of the Federal Poverty Guidelines. The Hospital will determine the amount of financial assistance granted to these patients in accordance with the attached Financial Assistance Eligibility Guidelines.

(2) NOTE: TO QUALIFY AS MEDICALLY INDIGENT, THE PATIENT MUST BE UNINSURED.

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ATTACHMENT 7



**POLICIES &
PROCEDURES**

DEPARTMENT: Business Office	POLICY DESCRIPTION: Charity Care, Financial Assistance and Billing & Collection Policies for Uninsured Patients
PAGE: 7 of 10	REPLACES POLICY DATED:
APPROVED: June 1, 2004	RETIRED:
EFFECTIVE DATE: July 1, 2004	REFERENCE NUMBER: 11-0801

8. **Approval Procedures.** Hospital will complete a Financial Assistance Eligibility Determination Form for each patient granted status as Financially Indigent or Medically Indigent. The approval signature process is as following:

\$1 - \$1,000	Director
\$1,001 - \$10,000	Director and CFO
\$10,001 and above	Director, CFO and CEO

A. The accounts will be filed according to the date the Financial Assistance adjustment was entered onto the account.

B. The Eligibility Determination Form allows for the documentation of the administrative review and approval process utilized by the Hospital to grant financial assistance. Any change in the Eligibility Determination Form must be approved by the Director of Patient Financial Services. **NOTE: If application is approved, approval for previous twelve months services (with outstanding balances) can be considered as part of the current request for financial assistance.**

Denial for Financial Assistance. If the Hospital determines that the patient is not Financially Indigent or Medically Independent under this policy, it shall notify the patient of this denial in writing. A suggested denial of coverage letter is attached to this policy.

9. **Document Retention Procedures.** Hospital will maintain documentation sufficient to identify for each patient qualified as Financially Indigent or Medically Indigent, the patient's Income, the method used to verify the patient's Income, the amount owed by the patient, and the person who approved granting the patient status as Financially Indigent or Medically Indigent. All documentation will be forwarded and filed within the Hospital's Business Office for audit purposes. Financial Assistance applications and all documentation will be retained within the Hospital's Business Office for 1 calendar year. After which, the documents will be boxed and marked as: Charity Docs, JANUARY YYYY-DECEMBER YYYY and forwarded to the Hospital Warehouse, where it will then be retained for an additional 6 years before shredding.

10. **Reservation of Rights.** It is the policy of the Company and its Hospitals to reserve the right to limit or deny financial assistance at the sole discretion of each of its Hospitals.

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ATTACHMENT 7



**POLICIES &
PROCEDURES**

DEPARTMENT: Business Office	POLICY DESCRIPTION: Charity Care, Financial Assistance and Billing & Collection Policies for Uninsured Patients
PAGE: 8 of 10	REPLACES POLICY DATED:
APPROVED: June 1, 2004	RETIRED:
EFFECTIVE DATE: July 1, 2004	REFERENCE NUMBER: 11-0801

11. **Non-covered Services.** Elective and non-emergency services are not covered by this policy.

B. BILLING AND COLLECTION PRACTICES FOR ALL UNINSURED PATIENTS, INCLUDING THOSE WHO QUALIFY AS FINANCIALLY INDIGENT OR MEDICALLY INDIGENT UNDER THIS POLICY

1. **Fair and Respectful Treatment.** Uninsured patients will be treated fairly and with respect during and after treatment, regardless of their ability to pay.

2. **Trained Financial Counselors.** All uninsured patients at the Company's hospitals will be provided with financial counseling, including assistance applying for state and federal health care programs such as Medicare and Medicaid. If not eligible for governmental assistance, uninsured patients will be informed of and assisted in applying for charity care and financial assistance under the hospital's charity care and financial assistance policy. Financial counselors will attempt to meet with all uninsured patients prior to discharge from the Company's hospital. Hospitals should ensure that appropriate staff members are knowledgeable about the existence of the hospital's financial assistance policies. Training should be provided to staff members (i.e., billing office, financial department, etc.) who directly interact with patients regarding their hospital bills.

3. **Additional Invoice Statements or Enclosures.** When sending a bill to uninsured patients, the Hospital should include (a) a statement on the bill or in an enclosure to the bill that indicates that if the patient meets certain income requirements, the patient may be eligible for a government-sponsored program or for financial assistance from the Hospital under its charity care or financial assistance policy; and (b) a statement on the bill or in an enclosure to the bill that provides the patient a telephone number of a hospital employee or office from whom or which the patient may obtain information about such financial assistance policy for patients and how to apply for such assistance. The following statement on the bill or in an enclosure to the bill complies with the above requirements of this Section B.3.: "Please note, based on your household income, you may be eligible for Medicaid [*Note: please refer to MediCal for California patients and Arizona's AHCCCS program for Arizona patients*] or financial assistance from the Hospital. For further information, please contact our customer service department at (XXX) XXX-XXXX."

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ATTACHMENT 7



**POLICIES &
PROCEDURES**

DEPARTMENT: Business Office	POLICY DESCRIPTION: Charity Care, Financial Assistance and Billing & Collection Policies for Uninsured Patients
PAGE: 9 of 10	REPLACES POLICY DATED:
APPROVED: June 1, 2004	RETIRED:
EFFECTIVE DATE: July 1, 2004	REFERENCE NUMBER: 11-0801

4. **Notices.** Each of the Company's hospitals should post notices regarding the availability of financial assistance to uninsured patients. These notices should be posted in visible locations throughout the hospital such as admitting/registration, billing office and emergency department. The notices also should include a contact telephone number that a patient or family member can call for more information. The following specific language complies the above notice requirements of this Section B.4.: "For help with your Hospital bill or Financial Assistance, please call or ask to see our Financial Counselor or call (XXX) XXX-XXXX (M-F 8:30 am to 4:30 pm)."

5. **Liens on Primary Residences.** The Company's hospitals shall not, in dealing with patients who qualify as Financially Indigent or Medically Indigent under this Policy, place or foreclose liens on primary residences as a means of collecting unpaid hospital bills. However, as to those patients who qualify as Medically Indigent but have income in excess of 500% of the Federal Poverty Guidelines, the Company may place liens on primary residences as a means of collecting discounted hospital bills, but the Company's hospitals may not pursue foreclosure actions in respect of such liens.

6. **Garnishments.** The Company's hospitals shall only use garnishments on Medically Indigent Patients where clearly legal under state law and only where it has evidence that the Medically Indigent Patient has sufficient income or assets to pay his discounted bill.

7. **Collection Actions Against Uninsured Patients.** Each of the Company's hospitals should have written policies outlining when and under whose authority an unpaid balance of any uninsured patient is advanced to collection, and hospitals should use their best efforts to ensure that patient accounts for all uninsured patients are processed fairly and consistently.

8. **Interest Free, Extended Payment Plans.** All uninsured patients shall be offered extended payment plans by the Company's hospitals to assist the patients in settling past due outstanding hospital bills. The Company's hospitals will not charge uninsured patients any interest under such extended payment plans.

9. **Body Attachments.** The Company's hospitals shall not use body attachment to require that its uninsured patients or responsible party appear in court.

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**POLICIES &
PROCEDURES**

DEPARTMENT: Business Office	POLICY DESCRIPTION: Charity Care, Financial Assistance and Billing & Collection Policies for Uninsured Patients
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10. **Collection Agencies Follow Hospital Collection Policies.** The Company's hospitals should define the standards and scope of practices to be used by their outside (non-hospital) collection agencies, and should obtain written agreements from such agencies that they will adhere to such standards and scope of practices. These standards and practices should not be inconsistent with the Company's collection practices for its hospitals set forth in this Policy.

C. RESERVATION OF RIGHTS AGAINST THIRD PARTIES.

Nothing in this Policy shall preclude the Company's hospitals from pursuing reimbursement from third party payors, third party liability settlements or tortfeasors or other legally responsible third parties.

REFERENCES

HHS, Office of Inspector General, Guidance dated February 2, 2004, entitled "Hospital Discounts Offered to Patients Who Cannot Afford To Pay Their Hospital Bills".

Letter dated February 19, 2004, from Tommy G. Thompson, HHS Secretary, to Richard J. Davidson, President, American Hospital Association, including Questions and Answers attached thereto entitled "Questions On Charges For The Uninsured".

Federal Poverty Guidelines published by US Department of Health and Human Services from time to time. (Most recent publication at effective date of this Policy is 69 Federal Register 7336 (February 13, 2004.)

FINANCIAL ASSISTANCE ELIGIBILITY GUIDELINES

Based on Federal Poverty Guidelines Effective February 13, 2004

Schedule A (shaded) **Financially Indigent**

Schedule B (unshaded) **Medically Indigent**

Number in Household	100%	200%	300%	400%	500%
1	9,310	18,620	27,930	37,240	46,550
2	12,490	24,980	37,470	49,960	62,450
3	15,670	31,340	47,010	62,680	78,350
4	18,850	37,700	56,550	75,400	94,250
5	22,030	44,060	66,090	88,120	110,150
6	25,210	50,420	75,630	100,840	126,050
7	28,390	56,780	85,170	113,560	141,950
8	31,570	63,140	94,710	126,280	157,850
Discount	100%		80%	60%	40%
Financially Indigent Classification					

Schedule C

Catastrophic Eligibility as Medically Indigent -

Only applicable if patients income exceeds 500% of Federal Poverty Guidelines

Balance Due	Discount
Balance Due is equal to or greater than 90% patients annual income	80%
Balance Due is equal to or greater than 70% and less than 90% patients annual income	60%
Balance Due is equal to or greater than 50% and less than 70% patients annual income	40%

[HOSPITAL LETTERHEAD]

«GUARANTOR»

«ADDRESS»

«CITY», «State» «zip»

[DATE]

Re: «PATIENT»

Admission: «ACCOUNT»

Balance Due: \$«TOTAL_CHARGES»

Dear «GUARANTOR»,

Thank you for choosing _____ Hospital the [system] [Hospital] of choice in _____. We appreciate you taking the time to complete and return the Application for Assistance. _____ Hospital uses this information to determine your eligibility for a reduce fee under the _____ Hospital Financial Assistance program.

In reviewing your Application for Assistance, we are happy to inform you that you have been approved for a «DISCOUNT»% discount your new balance has been reduced to \$«REMAINING_BAL». Our determination was based upon your income, household size and Federal Poverty Guidelines.

If you have any questions about our decision, please call the Hospital's [Customer Service] at (____)____.

Sincerely,

[Customer Service Representative]

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**FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION
OFFICE USE ONLY**

Patient Name: _____

Account Number(s): _____ Total Yearly Income: \$ _____ Total Charges: \$ _____

Balance Due: \$ _____ Income Verification Code: _____ Number in Household: _____ Financial
Class: _____

1. **Is Total Yearly Income equal to or less than 200% of the Federal Poverty Guidelines? (See Financial Assistance Eligibility Guidelines - Schedule A) Circle One**

YES Approved for 100% financial assistance as Financially Indigent.

NO Does not qualify for assistance as Financially Indigent. Continue to Step 2.

2. **Is this balance due greater than 10% of Total Yearly Income? Circle One**

YES Continue to Step 3.

NO Patient does not qualify for Financial Assistance.

3. **Is Total Yearly Income equal to or less than 500% of the Federal Poverty Guidelines? See Financial Assistance Eligibility Guidelines - Schedule B. Circle One**

YES Total Yearly Income is greater than _____ % and less than _____ % of the Federal Poverty Guidelines. Patient qualifies for _____ % discount as Medically Indigent pursuant to Financial Assistance Eligibility Guidelines - Schedule B.

NO: Continue to Step 4.

4. **Is this balance due greater than 50% of Total Yearly Income? Circle One**

YES Balance due is _____ % of the total yearly income. Eligible for _____ % discount as Medically Indigent pursuant to Financial Assistance Eligibility Guidelines - Schedule C. Continue to Step 5.

NO: Patient does not qualify for Financial Assistance.

5. \$ _____ Multiply by _____ % = \$ _____ \$ _____
Balance Due % Discount Discount Amount Remaining Balance
Before Discount Due After Discount

Employee Name (Print) _____

Employee Signature _____ Approved By _____

Date _____ Approved By _____

\$1 - \$1,000 Director Approved By _____

\$1,001 - \$10,000 Director and CFO

\$10,001 & above Director, CFO and CEO

Income Verification Codes

1	IRS Form W-2, Wage and Earnings Statement	7	Written attestation of patient
2	Pay Check Remittance	8	Verbal attestation of patient
3	Tax Returns	9	Patient deceased, no estate
4	Social Security, Work Comp or Unempl Comp letter	10	Government Program
5	Telephone verification by employer	11	Other
6	Bank Statements		

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FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS

Instructions:

As part of its commitment to serve the community, _____ Hospital elects to provide financial assistance to individuals who are financially indigent or medically indigent and satisfy certain requirements.

To determine if a person qualifies for financial assistance, we need to obtain certain financial information. Your cooperation will allow us to give all due consideration to your request for financial assistance.

Please provide the information requested and mail to the following address:

_____ Hospital

Income Verification:

IN ORDER TO CONSIDER YOUR REQUEST FOR FINANCIAL ASSISTANCE, VERIFICATION OF INCOME IS REQUIRED. PLEASE PROVIDE A COPY OF THE FOLLOWING DOCUMENTS:

- Governmental Assistance, Social Security, Workers Compensation, or Unemployment Compensation Determination Letter
- Income Tax Return for previous year

PLEASE ALSO INCLUDE ONE OR MORE OF THE FOLLOWING:

- IRS Form W-2, Wage and Earnings Statement for all household earnings
- Last 2 pay check stubs for all household earnings
- Bank Statement that contains income information

In the event income verification is unavailable, please contact our office for further instructions. Applications without verification are considered incomplete and **WILL NOT BE PROCESSED**. Please return the application and verification of income within 7 days to the above address.

Notification of Determination:

We will notify you of your eligibility following receipt and review of all necessary information. The notification will be mailed to the mailing address you have provided on the Financial Assistance Application.

Physician Services:

The physicians providing services at this Hospital are not employees of _____ Hospital. You will receive separate bills from your private physician and from other physicians whose services you required (pathologist, radiologist, surgeon, etc.). The Financial Assistance Application does not apply to any amounts due by you for physician services. For questions regarding their bills, or to make payment arrangements for physician services, please contact the individual physician's office.

For assistance in completing this application, please contact _____ Hospital [Customer Service] at () _____ or Toll Free: 1- _____, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.

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GRNTOR #: _____

HOSP CODE: _____

PATIENT INFORMATION/INFORMACION DEL PACIENTE

Patient Name/Nombre del Paciente	Account Balance/Balancia de Cuenta	Patient Number/Numero del Paciente	Date of Birth/Fecha del Nacimiento
Admission Date/Fecha De Entrada	Discharge Date/Fecha De Despedida	Social Security No/Num de Seguro Social	Marital Status/Estado Civil
Home Address/Direccion De Residencia			
City/Ciudad		State/Estado	Zip
Name of Medical Provider/Nombre Del Proveedor De Servicios Medicos		Beginning Coverage Date/Fecha del Comienzo	
Name of Doctor/Nombre Del Medico			
Employer Name/Nombre		Occupation/Ocupacion	Telephone/Telefono

GUARANTOR INFORMATION/PERSONA RESPONSABLE

Name/Nombre		Social Security No/Num de Seguro Social	Age/Edad
Relationship to Applicant Relacion con el Paciente	Address/Direccion		Telephone/Telefono
City/Ciudad		State/Estado	Zip
Employer/Empleador		Employer Phone/Number De Empleador	Occupation/Ocupacion
Address/Direccion			
City/Ciudad		State/Estado	ZIP:

FINANCIAL INFORMATION/INFORMACION FINANCIAL

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Total Monthly Income/Ingresos Mensuales	No. of Dependents Cuantos Dependientes	Residence(Own/Rent) Casa Propia o Renta	Car (Model/Year)/Carro (Modelo/Año)
---	---	--	-------------------------------------

RESOURCES/RECURSOS

Name of Bank/Nombre del Banco	Checking Account/Cuenta de Cheques \$	Savings Account/Cuentas de Ahorros \$
-------------------------------	--	--

MONTHLY EXPENSES/GASTOS MENSUALES

Rent/Mortgage/ Payment Payment/Renta o Pago Hipotecario \$	Water Bill/Pago de Agua \$	Gas Bill/Pago de Gas \$	Phone Bill/Cuenta De Telefono \$
Electric Bill/Pago de Electricidad \$	Car Payment/Pago de Carro \$	Insurance Premium/Pago de Prima \$	Other Bills/Otro Gastos \$

HOUSEHOLD COMPOSITION/INFORMACION DE LA CASA

Name/Nombre	Relationship/Relacion con el Paciente	Date of Birth/Fecha de Nacimiento	Social Security No. Num de Seguro Social

If unable to provide requested documents, please explain below/

Por favor de dar una explicacion si no es posible proveer los documentos.

COMMENTS/COMETARIOS:

AFFIDAVIT/DECLARACION JURADA

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I declare under penalty of perjury that the answers I have given are true and correct to the best of my knowledge. I agree to tell the provider of service within ten (10) days if there are any changes in my (or the persons on whose behalf I am acting) income, property, expenses or in the persons household or any change	Declaro bajo pena de perjurio que las respuestas que he dado son verdaderas y correctas al mejor de mi conocimiento. Acuerdo decirle al abastecedor del servicio en el plazo de diez dias si hay algunos cambios en mi (o personas en el favor que yo este actuando) renta, propiedad, gastos o en la casa de las personas o
---	---

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Signature/Firma

Date/Fecha

For Hospital Use Only/Usó Solamente Para el Hospital

Facility/Facilidad: _____	Accepted/Aceptar: _____	Denied/Negacion: _____
COMMENTS/COMETARIOS:		

Signature Approval

Date

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[Hospital Logo]

Date:

Re:
Admission #
Balance Due:

Dear ,

Thank you for choosing _____ Hospital. We appreciate you taking the time to complete and return the Application for Assistance. _____ Hospital uses this information to determine your eligibility for a reduced fee under the _____ Hospitals Charity Care Financial Assistance program.

In reviewing your Application for Financial Assistance, we have determined that you are not eligible for charity care or financial assistance under our policy. Our determination was based upon your income, household size and Federal Poverty Guidelines.

If you have any questions about our decision, please call Customer Service at (XXX)____-____.

Sincerely,

Customer Service Representative

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ATTACHMENT 7

0169

No. MEC.00.01	MEDICAL ELIGIBILITY AND COUNSELING SERVICES POLICY AND PROCEDURE MANUAL	CONIFER HEALTH SOLUTIONS
Page: 1 of 7		
Effective Date: 08/14/13		
Previous Versions Dated: 09/23/09, 02/11/05, 06/01/01	Charity Care	

I. SCOPE

This policy applies to (1) Conifer Revenue Cycle Solutions, LLC ("Conifer RCS") and its subsidiaries and affiliates (each, an "Affiliate"); and (2) any other entity or organization in which Conifer RCS or an Affiliate owns a direct or indirect equity interest of 50% or more (collectively, the "Company").

II. PURPOSE

The purpose of this policy is to define charity care and to distinguish charity care from accounts assigned to bad debt. This document also establishes policies and procedures to ensure consistent identification, accountability, and recording of charity at all Conifer RCS entities and client facilities.

III. DEFINITIONS

Aid to Families with Dependent Children (AFDC): A program administered and funded by federal and state governments to provide financial assistance to needy families.

Federal Poverty Guidelines (FPG): The federally-established money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty.

Internal Revenue Service (IRS): The federal administrative entity principally responsible for the interpretation and enforcement of the federal Internal Revenue Code and its implementing regulations.

Medical Eligibility Counseling Services (MECS): The Conifer RCS line of business that helps patients, who may not have the means to pay for needed hospital services, identify government programs, third-party payers, and social service organizations from which they may be eligible to receive financial assistance.

Medically Indigent Adult (MIA): A state-funded program providing assistance to individuals who may meet guidelines for healthcare-related needs. Patients may qualify for MIA if they are ineligible for state-provided medical care, have no insurance, and lack means of support.

Medical Services Initiative (MSI): a government-sponsored and -funded program that provided healthcare to indigent individuals between the ages of 19 and 64.

Supplemental Security Income (SSI): Additional income from the federal Social Security Administration paid to those who are aged (65 or older), blind, or disabled and have limited income, limited resources, and are a U.S. citizen or national.

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Women, Infants, and Children (WIC): provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

IV. POLICY

It is Conifer RCS policy that:

- A. The determination of charity care generally should be made at the time of admission, or shortly thereafter; however, events after discharge could change the patient's ability to pay.
- B. Designation as charity care will only be considered after all payment sources have been exhausted.
- C. The co-pay amount will be pursued for all charity accounts with the exception of deceased and homeless patients with no other guarantor.
- D. Patient account transactions for charity care must be posted in the month the determination is made.
- E. The flat rate co-pay amount is based on patient type: Emergency department patients and outpatients are required to pay \$100 flat rate, and inpatients are required to pay \$200 per day, with a \$2,000 cap.
- F. If the account has been assigned as bad debt as part of the monthly journal entry, it will reverse the Patient Access recovery that was given on an account determined to be charity care.
- G. Employees of Conifer RCS should never indicate or suggest to the patient that he/she will be relieved of the debt by way of a write-off to charity care until the determination has been made.
- H. Conifer RCS and the client facility reserve the right to limit or deny financial assistance at their sole discretion.

V. PROCEDURE

A. MECS Procedure

1. The MECS patient financial counselor should screen patients for potential linkage to government/county programs. During the screening process, the patient advocate should secure a Financial Assistance Application. Use the application for potential charity care determination only if MECS is unable to obtain eligibility for the patient for government programs reimbursement. For potential linkage to government/county programs, the patient advocate will:

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- a. Change the financial class and assign the account to MECS within five days from date of discharge, thereby netting the account to expected governmental reimbursement.
 - b. Make a final determination as to whether linkage will prevail within an additional 25 days from the assignment date, totaling no more than 30 days from date of discharge.
 - c. Return the account to the client facility for assignment as Self-Pay if it is determined that program linkage will not prevail within the additional 25 days from assignment date, and there are no other payment or third-party payment sources. Those meeting the financial guidelines for charity care will be assigned by the client facility with the appropriate financial class. The co-pay should be collected by the client facility's financial counselor or business office representative.
2. If, during the initial interview with the patient, it is revealed that there is no viable source of payment, and the patient will not qualify for any governmental programs, the patient advocate will:
 - a. Offer the patient a Financial Assistance Application.
 - b. Assist the patient in completing a Financial Assistance Application, which will document the patient's financial need.
 - c. Obtain the patient's signature on the Financial Assistance Application and forward the application to the financial counselor, as deemed appropriate.
 - d. Refer the patient to the client facility financial counselor for collection of the co-pay.
- B. MECS Processing For Charity Care**
1. For those accounts that remain in MECS past 30 days from assignment with no government program linkage, and that meet the financial criteria for charity care, MECS should have gathered all substantial information to enable the client facility to effect its charity care policy. Included in the charity care packet is a Financial Assistance Application. If the MECS representative has exhausted all efforts to secure all necessary verifications, submit the application for charity care to the financial counselor for review and finalization without the verifications.
 - a. MECS is required to notify the client facility of the inability to obtain eligibility, or the potential qualification for charity care classification, and to return the account to the client facility.

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- b. The client facility is required to update the plan ID and financial class.
- C. Financial Counselor Procedure (client specific):
 - 1. Patients whom a financial counselor finds to have no third-party coverage and/or benefits available will:
 - a. Be offered the client facility flat rate or Prompt Pay Discount Program where allowed by state law/regulation.
 - b. Be assessed for charity care if the patient is unable to pay the client facility flat rate or Prompt Pay Discount Program amount (as applicable to state law/regulation), and meets the income/asset and other guidelines set forth by the client facility's charity care policy.
 - 2. The financial counselor will take the appropriate steps as outlined below:
 - a. For patients who appear to meet the income guidelines set forth in this policy for charity care, the account should be updated with the financial class of charity on the client facility system, at which time a one hundred percent (100%) charity care reserve should be taken, and the co-pay amount should be collected.
 - b. Patients who do not qualify for charity care should be treated as a self-pay, and standard accounts receivable collection procedures will apply.
- D. Documentation
 - 1. Financial Assistance Application
 - a. To qualify for charity care, Conifer RCS requests each patient or family to complete the Financial Assistance Application. This application allows the collection of information about income and the documentation of other requirements as defined below. Pending the completion of the application, the patient should be treated as a charity care patient in accordance with the client facility's charity care policy. The patient's account will have the financial class changed to charity care on the client facility's system.
 - b. In cases where the patient is unable to complete the written application, verbal attestation is acceptable if state law/regulation allows it.
 - c. A Financial Assistance Application completed by the patient may not be required for patients who are deemed to be already eligible for other federal, state, and county assistance programs. Such programs include, but are not limited to, Medicaid, county assistance programs, MIA, MSI, AFDC, food stamps, and WIC.

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- i. Family members – Conifer RCS will require patients to provide the number of family members in their household.
 - a. Adults – To calculate the number of family members in an adult patient's household, include the patient, the patient's spouse and/or legal guardian, and all of their dependents.
 - b. Minors – To calculate the number of family members in a minor patient's household, include the patient, the patient's mother/father and/or legal guardian, and all of their other dependents.
 - ii. Income calculation - Conifer RCS requires patients to provide their household's yearly gross income.
 - a. Adults – The term "yearly income" on the application means the sum of the total yearly gross income of the patient and the patient's spouse.
 - b. Minors – If the patient is a minor, the term "yearly income" means the income from the patient, the patient's mother/father and/or legal guardian, and all of their other dependents.
 - iii. Expired patients – Expired patients may be deemed to have no income for purposes of the Conifer RCS calculation of income. Although no documentation of income and no Financial Assistance Application are required for expired patients, the patient's financial status will be reviewed at the time of death by the financial counselor to ensure that a charity care adjustment is appropriate. The co-pay will be waived if no other guarantor appears on the patient account.
 - iv. Homeless patients -- Patients may be deemed homeless once the financial counselor has exhausted verification processes. The co-pay will be waived if no other guarantor appears on the patient account.
2. Income Verification
- a. Conifer RCS requests patients to attest to the income set forth in the application. In determining a patient's total income, Conifer RCS may consider other financial assets and liabilities of the patient, as well as the patient's family income, when assessing the ability to pay. If a determination is made that the patient has the ability to pay the bill, such determination does not preclude a reassessment of the patient's ability to pay upon presentation of additional documentation. Any of the following documents are appropriate for substantiating the need for charity care:
 - i. Income Documentation – Income documentation may include IRS W-2 form, wage and earnings statement, paycheck stub, tax returns, telephone

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verification by employer of the patient's income, signed attestation to income, bank statements, or verbal verification from patient.

- ii. Participation in a Public Benefit Program – Public benefit program documentation showing current participation in programs, such as social security, workers' compensation, unemployment insurance, Medicaid, county assistance programs, AFDC, food stamps, WIC, or other similar indigence-related programs.
- iii. Assets – All liquid assets should be considered as a possible source of payment for services rendered. For patients with no source of regular income (employment, SSI, disability, etc.) other than liquid assets, those assets would be the patient's income source and should be measured against the FPG.

3. Information Falsification

Information falsification will result in denial of the charity care application. If, after a patient is granted financial assistance, the client facility finds material provision(s) of the application to be untrue, charity care status may be revoked, and the patient's account will follow the normal collection processes.

4. Revenue Classification

Critical changes in account class are defined as:

- a. Any account originally assigned to the financial counselors self-pay that is re-classed as a result of meeting the criteria for charity care; or
- b. Any account originally assigned to the financial counselor as charity that is re-classed to self-pay as a result of denying charity care.

E. Denied Charity Care Recommendations

1. If the client facility chief financial officer (CFO) denies a patient's application for charity care, place documentation in the client facility collection system as to the reason for the rejection of the recommendation.
2. The client facility CFO is also to indicate on the Financial Assistance Application the reason for denial and the date of the denial. The packet is then to be sent to the financial counselor for review.
3. After an initial review and discussion with the client facility CFO, for those patient accounts where disagreement persists, and the accounts that meet Conifer RCS guidelines for charity care as set forth here, a denial summary will be sent to the respective client regional vice president of finance by the financial counselor for resolution.

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- a. For those patient accounts that the client regional vice president of finance has denied to have met the client facility charity care guidelines as set forth here, a denial summary will be sent to the respective client divisional senior vice president of finance for conference and resolution.

F. Reservation of Rights

1. Non-covered services – Conifer RCS and its client facilities reserve the right to designate certain services that are not subject to the client facilities' charity care policies.
2. No Effect on other regions/client facility policies – This policy shall not alter or modify other Conifer RCS policies regarding efforts to obtain payments from third-party payers, patient transfers, emergency care, state-specific regulations, state-specific requirements for statutory charity care classification, or programs for uncompensated care.

VI. ENFORCEMENT

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

August 28 2018

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

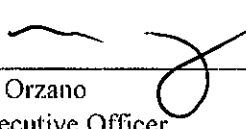
Mr. Michael Constantino
Supervisor, Project Review Section
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: Charity Care Certification (VHS Westlake Hospital Certificate of Exemption).

Dear Ms. Avery and Mr. Constantino:

I hereby certify, under the penalty of perjury as provided in §1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin. Code § § 1110.230 and 1130.520(b)(1)(B), that Pipeline-Westlake Hospital, LLC ("Westlake OpCo") (i) intends to adopt the charity care policy attached hereto at ATTACHMENT 7 (the "Westlake Care Policy") following the acquisition of VHS Westlake Hospital by Westlake OpCo and Westlake Property Holdings, LLC; and (ii) Westlake OpCo shall maintain the Westlake Care Policy for no less than two (2) years thereafter.

Sincerely,



Nicholas Orzano
Chief Executive Officer

SUBSCRIBED AND SWORN
to before me this
of August, 2018

Please see attached

Notary Public

CALIFORNIA JURAT CERTIFICATE

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

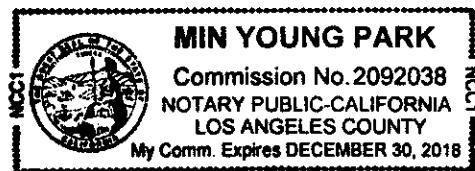
Subscribed and sworn to (or affirmed) before me on this 28th day of August
20 18, by Nicholas Orzano

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS MY HAND AND OFFICIAL SEAL.



Signature of Notary Public



(Notary Seal)

OPTIONAL INFORMATION

The jurat contained within this document is in accordance with California law. Any affidavit subscribed and sworn to before a notary shall use the preceding wording or substantially similar wording pursuant to Civil Code sections 1189 and 8202. A jurat certificate cannot be affixed to a document sent by mail or otherwise delivered to a notary public, including electronic means, whereby the signer did not personally appear before the notary public, even if the signer is known by the notary public. The seal and signature cannot be affixed to a document without the correct notarial wording. As an additional option an affiant can produce an affidavit on the same document as the notarial certificate wording to eliminate the use of additional documentation.

DESCRIPTION OF ATTACHED DOCUMENT

Charity Care Certification
(Title of document)

Number of Pages 1 (Including jurat)

Document Date August 28, 2018

VHS Westlake Hospital Certificate of Exemption
(Additional Information)

CAPACITY CLAIMED BY SIGNER

☒ Individual
☐ Corporate Officer
☐ Partner
☐ Attorney-In-Fact
☐ Trustee
☐ Other: _____

63-8

SRC HOSPITAL INVESTMENTS II, LLC

Charity Care, Financial Assistance and Billing & Collection Policies for Uninsured Patients

SCOPE:

This Charity Care, Financial Assistance and Billing & Collection Policies for Uninsured Patients (the "Policy") shall apply to Louis A. Weiss Memorial Hospital, VHS West Suburban Medical Center, and VHS Westlake Hospital (each, a "Hospital," and collectively, the "Hospitals").

PURPOSE:

This Policy is established to provide the operational guidelines for the Hospitals to (i) identify Uninsured Patients who are Financially Indigent or Medically Indigent that may qualify for charity care (free care) or financial assistance, (ii) process Patient applications for charity care or financial assistance and (iii) bill and collect from Uninsured Patients, including those who qualify as Financially Indigent or Medically Indigent under this Policy.

DEFINITIONS:

The following definitions shall apply to this Policy:

1. **Family Income**: the sum of a family's annual earnings and cash benefits from all sources before taxes, less payments made for child support.
2. **Federal Poverty Income Guidelines**: the federal poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority 42 U.S.C. 9902(2).
3. **Financially Indigent**: a person who qualifies for financial assistance under Section A.6 of this Policy.
4. **Guarantor**: a Patient's spouse or Partner and if the Patient is a minor, the Patient's parents or guardians.
5. **Health Care Services**: any Medically Necessary inpatient or outpatient Hospital service, including pharmaceuticals or supplies.
6. **IHUPDA**: the Illinois Hospital Uninsured Patient Discount Act, as may be amended from time to time.
7. **Medically Indigent**: a person who qualifies for financial assistance under Section A.7 of this Policy.
8. **Illinois Fair Patient Billing Act**: the Illinois Fair Patient Billing Act and implementing regulations, as may be amended from time to time.
9. **Medically Necessary**: means any inpatient or outpatient Hospital service, including pharmaceuticals or supplies provided by the Hospital to a Patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the Uninsured Patient. A medically necessary service does not include any of the following: (i) non-medical services such as social and vocational services, or (ii) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity.
10. **Partner**: a person who has established a civil union pursuant to the Illinois Religious Freedom Protection and Civil Union Act or similar state law.

PROCEDURE:

A. CHARITY CARE AND FINANCIAL ASSISTANCE PROCESS

1. **Application.** Each Hospital will request that each Patient applying for charity care financial assistance complete a Financial Assistance Application Form that conforms to the Illinois Fair Patient Billing Act (the "Assistance Application"). An example of the Assistance Application is attached hereto as Exhibit A. The Assistance Application allows for the collection of needed information to determine eligibility for financial assistance.

a. **Calculation of Immediate Family Members.** Each Hospital will request that Patients requesting charity care verify the number of people in the Patient's household.

i. **Adults.** In calculating the number of people in an adult Patient's household, the Hospital will include the Patient, the Patient's spouse and any dependents of the Patient or the Patient's spouse.

ii. **Minors.** For persons under the age of 18 (the "Minor Patient"). In calculating the number of people in the Minor Patient's household, the Hospital will include the Minor Patient, the Minor Patient's mother, dependents of the Minor Patient's mother, the Minor Patient's father, and dependents of the Minor Patient's father.

b. **Calculation of Income.**

i. **Adults.** For adults, determine the Family Income. The Hospital may consider other financial assets of the Patient and the Patient's family and the Patient's or the Patient's family's ability to pay.

2. **Income Verification.** The Hospital shall request that the Patient verify Family Income and provide the documentation requested as set forth in the Assistance Application.

a. **Documentation Verifying Income.** Family Income may be verified through any of the following mechanisms:

- i. Tax Returns (for year prior to date of admission);
- ii. IRS Form W-2;
- iii. Wage and Earnings Statement;
- iv. Pay Check Remittance;
- v. Social Security;
- vi. Worker's Compensation or Unemployment Compensation Determination Letters;
- vii. Qualification within the preceding six (6) months for governmental assistance program (including food stamps, CDIC, Medicaid and AFDC);

ATTACHMENT 7

viii. Telephone verification by the Patient's employer of the Patient's Income;

ix. Bank statements, which indicate payroll deposits.

b. **Documentation Unavailable.** In cases where the Patient is unable to provide documentation verifying Income, the Hospital may at its sole discretion verify the Patient's Family Income in either of the manners:

i. By having the Patient sign the Assistance Application attesting to the veracity of the Income information provided; or

ii. Through the written attestation of the Hospital personnel completing the Assistance Application that the Patient verbally verified the Hospital's calculation of Family Income.

Note: In all instances where the Patient is unable to provide the requested documentation to verify Family Income, the Hospital will require that a satisfactory explanation of the reason the Patient is unable to provide the requested documentation be noted by the Hospital Supervisor.

c. **Expired Patients.** Subject to the presumptive eligibility criteria set forth herein, expired Patients may be deemed to have no Family Income for purposes of the Hospital's calculation of Family Income. Documentation of Income is not required for expired Patients. Income verification is still required for any other family members.

d. **Incarcerated Patients.** Incarcerated Patients (incarceration verification should be attempted by Hospital personnel) may be deemed to have no Family Income for purposes of the Hospital's calculation of Income, but only if their medical expenses are not covered by the governmental entity incarcerating them (i.e. the Federal Government, the State or a County is responsible for the care) since in such event they are not Uninsured Patients. Family Income verification is still required for any other family members.

e. **International Patients.** International Patients who are uninsured and whose visit to the Hospital was unscheduled will be deemed to have no Family Income for purposes of the Hospital's calculation of Family Income. Family Income verification is, moreover, still required for any other family members, but only if other family members are United States citizens.

f. **Eligibility Cannot be Determined.** If and when Hospital personnel cannot clearly determine eligibility, the Hospital personnel will use best judgment and submit a memorandum (such memorandum should be the first sheet in the documentation packet) listing reasons for judgment along with Financial Assistance documentation to appropriate supervisor. The Hospital Supervisor will then review the memorandum and documentation. If the Supervisor agrees to approve the eligibility, they will sign Eligibility Determination form and continue with normal Approval process. If the Hospital Supervisor does not approve eligibility of the Patient under this Policy, the Hospital Supervisor should sign the submitted memorandum and return all documentation to Hospital personnel who will note account and send documentation to the Hospital's business office for filing. If the Hospital Supervisor disagrees with the Hospital personnel's judgment, the Hospital Supervisor should state reasons for new judgment and will return documentation to hospital personnel who will follow either denial process or approval process as determined by the Hospital Supervisor.

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g. **Classification Pending Income Verification.** During the Family Income verification process, while the Hospital is collecting the information necessary to determine a Patient's Family Income, the Patient may be treated as a self-pay Patient in accordance with Hospital policies.

3. **Information Falsification.** Falsification of information may result in denial of the Assistance Application. If, after a Patient is granted financial assistance as a Qualifying Individual, and the Hospital finds material provision(s) of the Assistance Application to be untrue, the financial assistance may be withdrawn.

4. **Request for Additional Information.** If adequate documentation is not provided, the Hospital will contact the Patient and request additional information. If the Patient does not comply with the request within thirty (30) calendar days from the date of the request, such non-compliance will be considered an automatic denial for financial assistance. A note will be input into the Hospital computer system and any and all paperwork that was completed will be filed according to the date of the denial note. No further actions will be taken by Hospital personnel. If requested documentation is later obtained, all filed documentation will be pulled and Patient will be reconsidered for Financial Assistance.

5. **Automatic Classification as Financially Indigent.** The following is a listing of types of accounts where Financial Assistance is considered to be automatic and documentation of Income or a Financial Assistance application is not needed:

- a. Medicaid accounts-Exhausted Days/Benefits;
- b. Medicaid spend down accounts;
- c. Medicaid or Medicare Dental denials; and
- d. Medicare Replacement accounts with Medicaid as secondary-where Medicare Replacement plan left Patient with responsibility.

6. **Classification as Financially Indigent.** The Hospital shall classify as "Financially Indigent" any Uninsured Patient who qualifies for assistance under IHUPDA as set forth above in CHARITY CARE AND FINANCIAL ASSISTANCE Policy #2.

7. **Classification as Medically Indigent.** The Hospital may classify as "Medically Indigent" any Uninsured Patient whose hospital bills exceed a specified percentage of the person's Family Income, and who is unable to pay the remaining bill. In the event a Patient is Medically Indigent, the Hospital will not collect additional amounts from the Patient for Health Care Services, to the extent set forth below.

a. **Medical Indigence Under the IHUDPA.** The Hospital shall accept a Patient as Medically Indigent when he or she meets the acceptance criteria set forth below:

- i. The Patient is Financially Indigent; and
- ii. The Patient's bill, in any twelve (12) month period, is greater than 25% of the Patient's Family Income, calculated in accordance with the Hospital's income verification procedures. The twelve (12) month period to which the maximum amount applies shall begin on the first date an Uninsured Patient receives Health Care Services that qualify for financial assistance under IHUDPA. To be eligible to have this maximum amount applied to subsequent charges, the Uninsured Patient shall inform the Hospital in subsequent inpatient admissions or outpatient encounters that the Patient has previously received Health Care Services from that Hospital and was determined to qualify for financial assistance under IHUDPA.

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iii. **Other Medical Indigence.** The Hospital, in its sole discretion, also may deem an Uninsured Patient to be Medically Indigent if the Patient's bill is greater than 50% of the Patient's income calculated in accordance with Hospital income verification procedures and the Patient is not otherwise Financially Indigent.

8. **Presumptive Eligibility.**

a. Uninsured Patients demonstrating one (1) or more of the following shall be deemed presumptively eligible for hospital financial assistance, pursuant to the Illinois Fair Patient Billing Act:

- i. Homelessness;
- ii. Deceased with no estate;
- iii. Mental incapacitation with no one to act on Patient's behalf;
- iv. Medicaid eligibility, but not on date of service or for non-covered service;
- v. Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the Federal Poverty Income Guidelines;
 - Women, Infants and Children Nutrition Program (WIC);
 - Supplemental Nutrition Assistance Program (SNAP);
 - Illinois Free Lunch and Breakfast Program;
 - Low Income Home Energy Assistance Program (LIHEAP);
 - Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership;
 - Receipt of grant assistance for medical services.

b. The Hospital also may deem presumptively eligible for Hospital financial assistance those Patients listed above in Section A.5 of this Policy.

9. **Approval Procedures.** Hospital will complete a Financial Assistance Eligibility Determination Form Eligibility for each Patient granted status as Financially Indigent or Medically Indigent. The approval signature process is as following:

\$1 - \$1,000	Director
\$1,001 - \$50,000	Director and CFO
\$50,001 and above	Director, CFO and CEO

a. The accounts will be filed according to the date the Financial Assistance adjustment was entered onto the account.

b. The Eligibility Determination Form allows for the documentation of the

ATTACHMENT 7

administrative review and approval process utilized by the Hospital to grant financial assistance. Any change in the Eligibility Determination Form must be approved by the Director of Patient Financial Services. *Note: If the application is approved, approval for previous twelve months services (with outstanding balances) can be considered as part of the current request for financial assistance.*

10. **Denial for Financial Assistance.** If the Hospital determines that the Patient is not Financially Indigent or Medically Indigent under this policy, it shall notify the Patient of this denial in writing.

11. **Document Retention Procedures.** The Hospital will maintain documentation sufficient to identify for each Patient qualified as Financially Indigent or Medically Indigent, the Patient's Family Income, the method used to verify the Patient's Income, the amount owed by the Patient, and the person who approved granting the Patient status as Financially Indigent or Medically Indigent. All documentation will be forwarded and filed within the Hospital's Business Office for audit purposes. Financial Assistance applications and all documentation will be retained within the Hospital's Business Office for one calendar year. After which, the documents will be boxed and marked as: "FINANCIAL ASSISTANCE DOCUMENTATION, JANUARY YYYY-DECEMBER YYYY" and forwarded to the Hospital storage facility, where it will then be retained for an additional six (6) years before shredding.

12. **Reservation of Rights.** It is the policy of the Hospitals to reserve the right to limit or deny financial assistance at the sole discretion of each, subject to applicable law.

13. **Non-covered Services.** Services not defined as Medically Necessary are not covered by this Policy.

B. BILLING AND COLLECTION PRACTICES FOR ALL UNINSURED PATIENTS, INCLUDING THOSE WHO QUALIFY AS FINANICALLY INDIGENT OR MEDICALLY INDIGENT UNDER THIS POLICY.

1. **Fair and Respectful Treatment.** Uninsured Patients will be treated fairly and with respect during and after treatment, regardless of their ability to pay.

2. **Trained Financial Counselors.** All Uninsured Patients at the Hospitals will be provided with financial counseling, including assistance applying for state and federal health care programs such as Medicare and Medicaid. If not eligible for governmental assistance, Uninsured Patients will be informed of and assisted in applying for charity care and financial assistance under the hospital's charity care and financial assistance policy. Financial counselors will attempt to meet with all Uninsured Patients prior to discharge from the Hospital. The Hospitals should ensure that appropriate staff members are knowledgeable about the existence of the hospital's financial assistance policies. Training should be provided to staff members (i.e., billing office, financial department, etc.) who directly interact with Patients regarding their hospital bills.

3. **Additional Invoice Statements or Enclosures.** When sending a bill to Uninsured Patients, the Hospital shall include (a) the date or dates that health care services were provided to the Patient; (b) an itemized list of services and charges; (c) the total amount owed for hospital services; (d) hospital contact information for addressing billing inquiries; and (e) a prominent statement regarding how an Uninsured Patient may apply for consideration under the hospital's financial assistance policy on or with each hospital bill sent to an Uninsured Patient. The bill shall also include (a) a statement on the bill or in an enclosure to the bill that indicates that if the Patient meets certain Family Income requirements, the Patient may be eligible for a government-sponsored program or for financial assistance from the Hospital under its charity care or financial assistance policy; and (b) a statement on the bill or in an enclosure to the bill that provides the Patient a telephone number of a hospital employee or office from whom or which the Patient may obtain information

about such financial assistance policy for Patients and how to apply for such assistance. The following statement on the bill or in an enclosure to the bill complies with the above requirements of this Section B.3.: "Please note, based on your household income, you may be eligible for Medicaid or financial assistance from the Hospital. For further information, please contact our customer service department at (XXX) XXX-XXXX."

4. Notices. Each of the Hospitals should post notices regarding the availability of financial assistance to Uninsured Patients in English and in any other language that is the primary language of at least 5% of Patients. These notices should be posted in conspicuous locations throughout the hospital such as admitting/registration, billing office and emergency department. The notices also should include a contact telephone number that a Patient or family member can call for more information. The following specific language complies the above notice requirements of this Section B.4.: "You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For more information, please call or ask to see our Financial Counselor or call (XXX) XXX-XXXX (M-F 8:30 am to 4:30 pm)." In addition, this notice, along with a brochure in plain language summarizing the financial assistance process substantially in the form of Exhibit B to this Policy, and a Financial Assistance Application substantially in the form of Exhibit A to this Policy, shall be posted in a prominent place on each Hospital's website.

5. Liens on Primary Residences. The Hospitals shall not, in dealing with Patients who qualify as Financially Indigent or Medically Indigent under this Policy, place or foreclose liens on primary residences as a means of collecting unpaid hospital bills. However, as to those Patients who qualify as Medically Indigent but have Family Income in excess of 600% of the Federal Poverty Guidelines, the Hospitals may place liens on primary residences as a means of collecting discounted hospital bills, but the Hospitals may not pursue foreclosure actions in respect of such liens.

6. Garnishments. The Hospitals shall only use garnishments on Medically Indigent Patients where clearly legal under state law and only where it has evidence that the Medically Indigent Patient has sufficient Family Income or assets to pay his discounted bill.

7. Collection Actions Against Uninsured Patients. Each of the Hospitals should have written policies outlining when and under whose authority an unpaid balance of any Uninsured Patient is advanced to collection, and the Hospitals should use their best efforts to ensure that Patient accounts for all Uninsured Patients are processed fairly and consistently. No Uninsured Patient shall be referred to a collection agency unless (i) the Uninsured Patient is given an opportunity to (x) assess the accuracy of the bill, (y) apply for financial assistance under the Hospital's financial assistance policy, and (z) avail themselves of a reasonable payment plan, (ii) if the Uninsured Patient has indicated the inability to pay the full amount in one payment, the Hospital has offered the Uninsured Patient a reasonable payment plan, (iii) if the circumstances suggest potential eligibility for charity care or financial assistance, the Uninsured Patient has first been given sixty (60) days following the date of discharge or receipt of outpatient care to submit an application for financial assistance, (iv) the Uninsured Patient has agreed to a reasonable payment plan and has failed to make payments under such payment plan, or (v) the Uninsured Patient informs the Hospital that he or she has applied for health care coverage under Medicaid, Kidcare, or other government-sponsored health care programs (and there is a reasonable basis to believe that the Patient will qualify for such program) but the Patient's application is denied. The Hospital shall not pursue legal action for non-payment of a Hospital bill against Uninsured Patients who have clearly demonstrated that they have neither sufficient Family Income nor assets to meet their financial obligations. In addition, the Hospital will not refer any portion of a bill to a collection agency or other third party for collection, unless (i) the Patient is first offered the opportunity to request a reasonable payment plan within the first thirty (30) days following the Patient's initial bill, or (ii) the Patient fails to agree to a plan within thirty (30) days of the Patient's request for such repayment plan. Notwithstanding anything herein to the contrary, the Hospital shall not recommend for collection any bill of a Patient who is acting reasonably and cooperating in good faith with the Hospital to provide all reasonably requested financial and other relevant information and documentation needed to determine the Patient's eligibility under a financial

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[HOSPITAL LOGO]

ATTACHMENT 7

FINANCIAL ASSISTANCE APPLICATION

Patient Name: _____

MRN: _____

IMPORTANT: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: Completing this application will help _____ Hospital determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to the Hospital.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE.

However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required, but will help the hospital determine whether you qualify for any public programs. Please complete this form and submit it in person, by mail, by electronic mail, or by fax to apply for free or discounted care within sixty (60) days following the date of discharge or receipt of outpatient care. Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the patient is eligible for financial assistance.

IF YOU ARE UNINSURED AND MEET SPECIFIC PRESUMPTIVE ELIGIBILITY CRITERIA, YOU ARE NOT REQUIRED TO COMPLETE THIS APPLICATION.

- | | |
|---|--|
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Enrollment in assistance programs for low-income individuals: |
| <input type="checkbox"/> Deceased with no estate | <input type="checkbox"/> Women, Infants, and Children Nutrition Program (WIC) |
| <input type="checkbox"/> Mental incapacitation with no one to act on patient's behalf | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Medicaid eligibility, but not on date of service | <input type="checkbox"/> Illinois Free Lunch and Breakfast Program (LIHEAP) |

APPLICANT			
Applicant Name		Social Security #	Date of Birth
Home Address	City	State	Zip
Home Phone Number	Cell Phone Number		Email Address
Preferred Method of Contact <input type="checkbox"/> US Mail <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> I am homeless			Annual Household Income
Applicant's Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			# of Individuals in your Household (as reported on your taxes)
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed – Last date worked: _____			
Employer Name		Phone Number	
Employer Address	City	State	Zip
Name of Health Insurance Plan Offered by Employer <input type="checkbox"/> Health Insurance not provided			
SPOUSE/PARTNER/GUARANTOR (when applicable)			
Relationship			
Name		Social Security #	Date of Birth
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed – Last date worked: _____			
Employer Name		Phone Number	
Employer Address	City	State	Zip
Name of Health Insurance Plan Offered by Employer <input type="checkbox"/> Health Insurance not provided			

[HOSPITAL LOGO]

FINANCIAL ASSISTANCE APPLICATION

Patient Name: _____

MRN: _____

INSURANCE COVERAGE

1. Are you covered or eligible for any health insurance policy, including foreign coverage, Health Insurance Marketplace, Veterans' benefits, Medicaid, or Medicare?
 a. If yes, please provide the following information:

Policy Holder	Insurer	Policy Number
Policy Holder	Insurer	Policy Number

QUESTIONNAIRE

1. Were you an Illinois resident when you received your care? ☐ yes ☐ no
2. Are you a foreign national residing in Illinois on a U.S. Visa? ☐ yes ☐ no
 a. If yes, what type of Visa? _____
3. Are you seeking financial assistance for care received in our emergency room? ☐ yes ☐ no
4. If you are divorced or separated, is your former spouse/partner financially responsible for medical care per the dissolution or separation agreement? ☐ yes ☐ no
5. Is the treatment provided related to either of the following?
☐ Accident ☐ Crime
6. Have you already applied for Medicaid? (we may require that you do so) ☐ yes-awaiting approval ☐ yes - not eligible ☐ no
 a. If no, please check all of the lines below that apply:
☐ You are 19 years or younger ☐ You are 65 Years or older ☐ You are blind
☐ You are taking medication to control diabetes, high blood pressure, or seizures ☐ You are disabled as determined by the Social Security Administration ☐ You are pregnant
☐ You have children under the age of 19 living with you

ASSETS

1. **Property.** Please provide information regarding any property (buildings and/or land) that you own other than your primary residence
 a. What is the value of all buildings and land minus the amount owed on the property? \$ _____ ☐ N/A
 i. Is this property used as income? ☐ yes ☐ no
 b. What is the value of the land (without buildings) minus the amount owed on the property? \$ _____ ☐ N/A
 i. Is this property used as income? ☐ yes ☐ no
2. **Bank Accounts/ Investments.** Please list the total current balance for each of the following:
 a. Checking/Savings/Credit Union Accounts \$ _____ ☐ N/A
 b. Other investments (bonds, stocks, etc. excluding IRA and/or retirement accounts): \$ _____ ☐ N/A

EXPENSES

3. Please provide estimated monthly expenses, including those for housing, utilities, food, transportation, child care, loans, medical expenses, and other expenses \$ _____

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal, or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by this hospital, and I authorize this hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, or if the application otherwise contains a material error or omission, I will be ineligible for financial assistance, and any financial assistance granted to me may be reversed and I will be responsible for the payment of the bill.

Applicant Signature _____

Spouse/Partner/Parent/Guarantor Signature (when applicable) _____

Date _____

Date _____

Please return completed application and supporting documents by mail, electronic mail, or hand-deliver to:

[Hospital address]

Patient Name: _____

MRN: _____

Financial Assistance Required Supporting Documents

Please provide the documents requested below. Your application will be delayed or denied in the event that any of the required documents are not included. If you cannot provide the document, please provide a letter of explanation.

Required:

- Tax Documents: Provide your most recent federal tax return and W-2 or IRS Form 4506-T: Request for Transcript of Tax Return.
- Valid Government-Issued Photo ID:
 - ☐ Driver's license, passport, etc.
- Proof of Illinois Residency: Provide at least one of the following documents:
 - ☐ Valid state-issued photo ID or driver's license
 - ☐ Recent utility bill with an Illinois address
 - ☐ IL Voter Registration card
 - ☐ Current mail addressed to applicant from a government or other credible source
 - ☐ Letter from homeless shelter
- Proof of Income: Provide all applicable documents listed below
 - ☐ Copies of your two most recent unemployment checks or stubs
 - ☐ Copies of your two most recent employer checks or stubs
 - ☐ Copies of your two most recent Social Security checks or stubs
- Proof of Assets: Provide your most recent statement for all checking, savings, and credit union accounts
- Proof of Expenses: Provide documentation of your monthly expenses, including those for housing, utilities, food, transportation, child care, loans, medical expenses, and other expenses
- Completed and signed application

Supplemental/Other:

- Proof of Non-Wage Income: Provide the following applicable documents, only if you have not submitted a tax return for the previous calendar year or if any of the following income sources will vary between this calendar year and the previous calendar year.
 - ☐ Statement of alimony income
 - ☐ Statement of business income
 - ☐ Statement of retirement or pension income
- If Married or in a Civil Union: Provide the following applicable documents regarding your spouse/partner.
 - ☐ Proof of income and non-wage income (as described above)
 - ☐ Federal tax return and W-2 or IRS Form 4506-T: Request for Transcript of Tax Return
 - ☐ Most recent statement for all checking, savings, and credit union accounts
- Supplemental/Other (if applicable):
 - ☐ If a foreign national, copy of your passport and United States Visa
 - ☐ Health insurance card (please copy front and back)
 - ☐ Medicaid approval/denial letter
 - ☐ Letter of support (i.e. if your living expenses are being paid by another party)

FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY

General Information about _____ Hospital Financial Assistance. The Hospital is committed to meeting the health care needs of those within the hospital community who are unable to pay for medically necessary or emergency care, including the uninsured. When needed, the Hospital provides medically necessary care at free or discounted rates ("Financial Assistance"). To manage its resources and responsibilities, and to provide Financial Assistance to as many people as possible, the Hospital has established program guidelines for providing Financial Assistance. However, the Hospital will always provide emergency care, regardless of a patient's ability to pay. Payment plans are also available. To be considered for free or discounted care, you may need to fill out an Application and provide supporting documentation about you and your family's financial circumstances, such as your income and assets.

Eligibility Requirements. Financial Assistance is only applied to your personal balances, after all other third party benefits (such as insurance benefits, government programs, proceeds from legal actions, or private fundraising) have been used. In addition, the Hospital will screen you to see if you are eligible for other payment assistance programs such as Medicaid. You are expected to cooperate by applying for such payment assistance. To be eligible for Financial Assistance, your annual household income ordinarily must be less than or equal to 600% of the Federal Poverty Income Level ("FPL") for your family size. The Hospital may also consider your assets in determining your eligibility and, in some situations, apply additional screening requirements. If you are approved for Financial Assistance, you must notify the Hospital within 30 days if your financial situation changes. Finally, to be fair to other patients, if you intentionally withhold information or provide false information, you may be disqualified for Financial Assistance.

Financial Assistance Programs

Program	Eligibility Requirements	Assistance
Uninsured Patients	Uninsured IL residents receiving medically necessary care* & any uninsured patient receiving emergency care	Free care for patients earning 200% or less of the applicable FPL; discounted care for those earning between 200% and 600% of applicable FPL; free care if Hospital bills exceed a specified percentage of Family Income
Presumptive Eligibility	Uninsured IL residents who qualify under certain federal and state assistance programs	Free care

* Not all services are covered by Financial Assistance, and Financial Assistance is not available for out-of-network services. In addition, your physician or non-Hospital provider may not participate in the Hospital's Financial Assistance program.

If you receive discounted care and are responsible for paying a portion of your bill, the Hospital will not charge you more than the amount we generally bill patients who have insurance covering such care.

When to apply for Financial Assistance. When you call to make an appointment, you may be asked to make financial arrangements. If you cannot apply for Financial Assistance before your visit, you should do so as early as possible and within 60 days following Hospital discharge or outpatient treatment. The Hospital will then decide if you are eligible for Financial Assistance and how much you can receive. If you disagree with our determination, you can contact the Financial Counseling Department.

How to Get Copies of the Hospital's Financial Assistance Policy & Application or Further Assistance. You can obtain a free copy of the Hospital's Policy and Application: i) on the Hospital's website at [_____], ii) in our Financial Counseling Departments, Patient Services Departments, and our Emergency Rooms at Admitting and Registration; or iii) by mail if you call the respective Financial Counseling Department.

Copies of our Financial Assistance Policy, Application, and this summary are available in English & Spanish.

Copias de nuestra Póliza de Asistencia Financiera, la Aplicación y este resumen están disponibles en Inglés y Español.

Ownership, Management and General Information

ADMINISTRATOR NAME: Christopher Fryszak
 ADMINSTRATOR PHONE: 708-763-2254
 OWNERSHIP: VHS Westlake Hospital
 OPERATOR: VHS Westlake Hospital
 MANAGEMENT: For Profit Corporation
 CERTIFICATION: (Not Answered)
 FACILITY DESIGNATION: (Not Answered)
 ADDRESS: 1225 Lake Street

Patients by Race

White 25.2%
 Black 42.6%
 American Indian 0.0%
 Asian 0.7%
 Hawaiian/ Pacific 0.0%
 Unknown 31.3%

Patients by Ethnicity

Hispanic or Latino: 28.7%
 Not Hispanic or Latino: 68.7%
 Unknown: 2.6%
 IDPH Number: 6702
 HPA A-06
 HSA 7

CITY: Melrose Park

COUNTY: Suburban Cook County

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2016	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	57	1,889	8,234	1,690	6.0	27.1	24.4	44.6
0-14 Years				0	0					
15-44 Years				507	1,458					
45-64 Years				726	2,947					
65-74 Years				302	1,483					
75 Years +				464	2,346					
Pediatric	5	5	6	32	84	0	2.6	0.2	4.6	4.6
Intensive Care	12	12	12	584	2,199	24	3.8	6.1	50.6	50.6
Direct Admission				501	1,847					
Transfers - Not Included in Facility Admissions				83	352					
Obstetric/Gynecology	24	24	15	937	2,088	127	2.4	6.1	25.3	25.3
Maternity				928	2,052					
Clean Gynecology				9	46					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	50			1,006	11,608	2	11.5	31.7	63.4	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		50	43	1,006	11,608	2	11.5	31.7		63.4
Rehabilitation	28	20	18	284	3,554	0	12.5	9.7	34.7	48.6
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	230			4,759	27,777	1,843	6.2	80.9	35.2	

Inpatients and Outpatients Served by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	26.2%	11.6%	0.0%	59.5%	1.8%	1.1%	
	1249	551	0	2831	78	50	4,759
Outpatients	12.1%	6.7%	0.0%	73.0%	6.4%	1.8%	
	5134	2840	0	31055	2712	785	42,526

Financial Year Reported:	1/1/2016 to	12/31/2017	Inpatient and Outpatient Net Revenue by Payer Source					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	34.3%	15.7%	0.0%	43.1%	6.9%	100.0%			802,016
	15,560,045	7,112,886	0	19,511,443	3,129,286	45,313,760	290,316		Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	21.3%	7.6%	0.0%	71.1%	0.0%	100.0%			
	3,552,371	1,275,221	0	11,868,550	0	16,696,142	611,700		1.5%

Birth Data

Number of Total Births: 886
 Number of Live Births: 887
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 8
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 1
 CSections Performed: 286

Newborn Nursery Utilization

Level I 20
 Level II 6
 Level II+ 0
 Patient Days 1,509
 Total Newborn Patient Days 648
 2,157

Laboratory Studies

Inpatient Studies 111,889
 Outpatient Studies 70,013
 Studies Performed Under Contract 0

Organ Transplantation

Kidney:
 Heart:
 Lung:
 Heart/Lung:
 Pancreas:
 Liver:
 Total:

<u>Surgery and Operating Room Utilization</u>											
<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	467	776	583	676	1269	1.3	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	13	323	20	403	423	1.5	1.2
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	177	0	161	161	0.0	0.9
Orthopedic	0	0	0	0	105	94	329	129	458	3.1	1.4
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	1	0	3	3	0.0	3.0
Podiatry	0	0	0	0	14	23	14	33	47	1.0	1.4
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	57	108	61	136	197	1.1	1.3
Totals	0	0	6	6	656	1502	1017	1540	2557	1.6	1.0
SURGICAL RECOVERY STATIONS											
Stage 1 Recovery Stations				8		Stage 2 Recovery Stations				16	

<u>Dedicated and Non-Dedicated Procedure Room Utilization</u>											
<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	216	633	138	382	520	0.6	0.6
Laser Eye Procedures	0	0	1	1	0	42	0	42	42	0.0	1.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
ECT's	0	0	1	1	170	0	54	0	54	0.3	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

<u>Emergency/Trauma Care</u>			<u>Cardiac Catheterization Labs</u>		
Certified Trauma Center		No	Total Cath Labs (Dedicated+Nondedicated labs):		2
Level of Trauma Service	Level 1	Level 2	Cath Labs used for Angiography procedures		2
	(Not Answered)	Not Answered	Dedicated Diagnostic Catheterization Labs		0
Operating Rooms Dedicated for Trauma Care		0	Dedicated Interventional Catheterization Labs		0
Number of Trauma Visits:		0	Dedicated EP Catheterization Labs		0
Patients Admitted from Trauma		0			
Emergency Service Type:		Comprehensive			
Number of Emergency Room Stations		12			
Persons Treated by Emergency Services:		19,839			
Patients Admitted from Emergency:		2,486			
Total ED Visits (Emergency+Trauma):		19,839			
<u>Free-Standing Emergency Center</u>			<u>Cardiac Catheterization Utilization</u>		
Beds in Free-Standing Centers			Total Cardiac Cath Procedures:		254
Patient Visits in Free-Standing Centers			Diagnostic Catheterizations (0-14)		0
Hospital Admissions from Free-Standing Center			Diagnostic Catheterizations (15+)		183
			Interventional Catheterizations (0-14):		0
			Interventional Catheterization (15+)		70
			EP Catheterizations (15+)		1
			<u>Cardiac Surgery Data</u>		
			Total Cardiac Surgery Cases:		0
			Pediatric (0 - 14 Years):		0
			Adult (15 Years and Older):		0
			Coronary Artery Bypass Grafts (CABGs)		
			performed of total Cardiac Cases :		0
<u>Outpatient Service Data</u>					
Total Outpatient Visits		42,526			
Outpatient Visits at the Hospital/ Campus:		42,526			
Outpatient Visits Offsite/off campus		0			

<u>Diagnostic/Interventional Equipment</u>	<u>Owned Contract</u>		<u>Examinations</u>		<u>Therapeutic Equipment</u>		<u>Therapies/ Treatments</u>	
			Inpatient	Outpt				
General Radiography/Fluoroscopy	13	0	3,085	14,666	Lithotripsy	0	0	0
Nuclear Medicine	3	0	336	264	Linear Accelerator	0	0	0
Mammography	3	0	0	3,184	Image Guided Rad Therapy			0
Ultrasound	4	0	1,132	6,642	Intensity Modulated Rad Thrp			0
Angiography	2	0			High Dose Brachytherapy	0	0	0
Diagnostic Angiography			69	34	Proton Beam Therapy	0	0	0
Interventional Angiography			88	45	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	641	5,321				
Magnetic Resonance Imaging	1	0	381	538				

Source: 2016 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

Ownership, Management and General Information

ADMINISTRATOR NAME: Jennifer (Fembauch) Lemont
ADMINISTRATOR PHONE: 708-763-2531
OWNERSHIP: VHS Westlake Hospital
OPERATOR: VHS Westlake Hospital
MANAGEMENT: For Profit Corporation
CERTIFICATION: (Not Answered)
FACILITY DESIGNATION: General Hospital
ADDRESS: 1225 Lake Street

Patients by Race

White 28.9%
 Black 41.6%
 American Indian 0.0%
 Asian 0.7%
 Hawaiian/ Pacific 0.1%
 Unknown 28.9%

Patients by Ethnicity

Hispanic or Latino: 26.8%
 Not Hispanic or Latino: 71.9%
 Unknown: 1.4%
 IDPH Number: 5702
 HPA A-06
 HSA 7

CITY: Melrose Park

COUNTY: Suburban Cook County

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2015	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	57	2,409	10,912	1,163	5.0	33.1	29.8	54.2
0-14 Years				0	0					
15-44 Years				625	1,929					
45-64 Years				906	3,944					
65-74 Years				352	1,981					
75 Years +				526	3,058					
Pediatric	5	5	5	42	100	0	2.4	0.3	5.5	5.5
Intensive Care	12	12	12	683	1,983	11	3.0	5.5	45.5	45.5
Direct Admission				570	1,559					
Transfers				93	424					
Obstetric/Gynecology	24	24	15	1,056	2,297	81	2.3	6.5	27.1	27.1
Maternity				1,044	2,261					
Clean Gynecology				12	36					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Acute Mental Illness	50	50	43	1,056	10,907	3	10.3	29.9	59.8	59.8
Rehabilitation	28	20	18	271	3,897	8	14.4	10.7	38.2	53.5
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	230			5,404	30,096	1,266	5.8	65.8	37.4	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	26.3%	22.1%	0.0%	49.5%	1.1%	1.0%	
	1420	1192	0	2677	60	54	5,403
Outpatients	13.3%	15.5%	0.0%	63.7%	5.8%	1.7%	
	5442	6381	0	26162	2388	686	41,059

Financial Year Reported: 1/31/2015 to 12/31/2015**Inpatient and Outpatient Net Revenue by Payer Source**

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense
Inpatient Revenue (\$)	33.5%	30.0%	0.0%	35.9%	0.6%	100.0%		768,735
	16,134,208	14,462,027	0	17,309,778	297,882	48,203,895	277,242	
Outpatient Revenue (\$)	19.7%	7.8%	0.0%	65.8%	6.7%	100.0%		
	2,746,985	1,093,016	0	9,190,047	939,287	13,969,335	491,493	1.2%

Birth Data

Number of Total Births: 990
 Number of Live Births: 989
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 8
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 1
 CSections Performed: 345

Newborn Nursery Utilization

Level I 20
 Level II 6
 Level II+ 0
 Patient Days 1,747
 Total Newborn Patient Days 2,276

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

Laboratory Studies

Inpatient Studies 140,162
 Outpatient Studies 56,777
 Studies Performed Under Contract 0

Surgery and Operating Room Utilization											
Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	490	740	590	635	1225	1.2	0.9
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	24	307	36	369	405	1.5	1.2
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	216	0	194	194	0.0	0.9
Orthopedic	0	0	0	0	149	141	400	172	572	2.7	1.2
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	11	36	13	47	60	1.2	1.3
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	56	113	67	151	218	1.2	1.3
Totals	0	0	6	6	730	1552	1106	1568	2674	1.5	1.0

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	8	Stage 2 Recovery Stations	16
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Dedicated and Non-Dedicated Procedure Room Utilization											
Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	222	715	142	432	574	0.6	0.6
Laser Eye Procedures	0	0	1	1	0	32	0	32	32	0.0	1.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Psych ECTs	0	0	1	1	242	0	77	0	77	0.3	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care				Cardiac Catheterization Labs			
Certified Trauma Center			No	Total Cath Labs (Dedicated+Nondedicated labs):			2
Level of Trauma Service	Level 1	Level 2		Cath Labs used for Angiography procedures			2
	(Not Answered)	Not Answered		Dedicated Diagnostic Catheterization Lab			0
Operating Rooms Dedicated for Trauma Care			0	Dedicated Interventional Catheterization Labs			0
Number of Trauma Visits:			0	Dedicated EP Catheterization Labs			0
Patients Admitted from Trauma			0				
Emergency Service Type:		Comprehensive		Cardiac Catheterization Utilization			
Number of Emergency Room Stations		12		Total Cardiac Cath Procedures:			256
Persons Treated by Emergency Services:		18,862		Diagnostic Catheterizations (0-14)			0
Patients Admitted from Emergency:		2,781		Diagnostic Catheterizations (15+)			196
Total ED Visits (Emergency+Trauma):		18,862		Interventional Catheterizations (0-14):			0
				Interventional Catheterization (15+)			58
Free-Standing Emergency Center				EP Catheterizations (15+)			2
Beds in Free-Standing Centers		0		Cardiac Surgery Data			
Patient Visits in Free-Standing Centers		0		Total Cardiac Surgery Cases:			0
Hospital Admissions from Free-Standing Center		0		Pediatric (0 - 14 Years):			0
Outpatient Service Data				Adult (15 Years and Older):			0
Total Outpatient Visits		41,059		Coronary Artery Bypass Grafts (CABGs)			
Outpatient Visits at the Hospital/ Campus:		41,059		performed of total Cardiac Cases :			0
Outpatient Visits Offsite/off campus		0					

Diagnostic/Interventional Equipment	Examinations					Therapeutic Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract		
General Radiography/Fluoroscopy	13	0	3,302	14,294	0	Lithotripsy	0	0	0
Nuclear Medicine	3	0	342	298	0	Linear Accelerator	0	0	0
Mammography	3	0	0	3,285	0	Image Guided Rad Therapy			0
Ultrasound	4	0	750	5,620	0	Intensity Modulated Rad Thrpy			0
Angiography	2	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			55	37	0	Proton Beam Therapy	0	0	0
Interventional Angiography			82	54	0	Gamme Knife	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	682	5,371	0				
Magnetic Resonance Imaging	1	0	357	592	0				

Source: 2015 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Ownership, Management and General Information

ADMINISTRATOR NAME: Patrick Maloney
 ADMINSTRATOR PHONE: 708-638-7674
 OWNERSHIP: VHS Westlake Hospital
 OPERATOR: VHS Westlake Hospital
 MANAGEMENT: For Profit Corporation
 CERTIFICATION: None
 FACILITY DESIGNATION: General Hospital
 ADDRESS: 1225 Lake Street

Patients by Race

White 29.4%
 Black 44.1%
 American Indian 0.0%
 Asian 0.6%
 Hawaiian/ Pacific 0.1%
 Unknown 25.9%

Patients by Ethnicity

Hispanic or Latino: 23.5%
 Not Hispanic or Latino: 75.5%
 Unknown: 1.0%
 IDPH Number: 5702
 HPA A-06
 HSA 7

CITY: Melrose Park

COUNTY: Suburban Cook County

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2014	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	111	61	53	2,580	11,346	951	4.7	33.7	30.4	55.2
0-14 Years				0	0					
15-44 Years				593	2,351					
45-64 Years				1,002	3,829					
65-74 Years				437	2,177					
75 Years +				558	2,991					
Pediatric	5	5	5	47	94	0	2.0	0.3	5.2	5.2
Intensive Care	12	12	12	714	2,549	7	3.6	7.0	58.4	58.4
Direct Admission				606	2,028					
Transfers				108	521					
Obstetric/Gynecology	24	24	17	846	1,753	98	2.2	6.1	21.1	21.1
Maternity				835	1,733					
Clean Gynecology				11	20					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Acute Mental Illness	50	50	48	1,094	12,469	0	11.4	34.2	68.3	68.3
Rehabilitation	40	20	19	290	3,772	0	13.0	10.3	25.8	51.7
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	242			5,473	31,985	1,056	6.0	30.5	37.4	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	29.8% 1618	35.0% 1914	0.0% 0	32.5% 1779	1.7% 91	1.3% 71	5,473
Outpatients	14.0% 5737	31.0% 12730	0.0% 0	47.1% 19336	6.3% 2608	1.7% 680	41,091

Financial Year Reported: 1/1/2014 to 12/31/2014Inpatient and Outpatient Net Revenue by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense 914,730
Inpatient Revenue (\$)	39.1% 16,733,667	25.8% 12,363,790	0.0% 0	33.7% 16,114,186	1.4% 659,668	100.0% 47,871,231	453,010	Total Charity Care as % of Net Revenue
Outpatient Revenue (\$)	17.7% 2,982,608	19.8% 3,327,932	0.0% 0	55.5% 9,334,050	6.9% 1,159,743	100.0% 16,804,331	461,720	1.4%

Birth Data

Number of Total Births: 746
 Number of Live Births: 741
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 8
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 1
 CSections Performed: 259

Newborn Nursery Utilization

Level I 20
 Level II 6
 Level III+ 0
 Beds 1,177
 Patient Days 374
 Total Newborn Patient Days 1,551

Laboratory Studies

Inpatient Studies 159,675
 Outpatient Studies 57,774
 Studies Performed Under Contract 0

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

Surgery and Operating Room Utilization											
Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	361	1031	454	804	1258	1.3	0.8
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	27	399	46	530	576	1.7	1.3
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	227	0	216	216	0.0	1.0
Orthopedic	0	0	0	0	136	143	345	187	532	2.5	1.3
Otolaryngology	0	0	0	0	2	17	3	16	19	1.5	0.9
Plastic Surgery	0	0	0	0	0	1	0	1	1	0.0	1.0
Podiatry	0	0	0	0	8	38	11	53	64	1.4	1.4
Thoracic	0	0	0	0	3	0	4	0	4	1.3	0.0
Urology	0	0	1	1	40	169	51	209	260	1.3	1.2
Totals	0	0	6	6	577	2025	814	2016	2930	1.6	1.0

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	8	Stage 2 Recovery Stations	16
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Procedure Type	Dedicated and Non-Dedicated Procedure Room Utilization				Surgical Cases		Surgical Hours			Hours per Case	
	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	243	696	158	418	576	0.7	0.6
Laser Eye Procedures	0	0	1	1	0	38	0	36	36	0.0	1.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care				Cardiac Catheterization Labs	
Certified Trauma Center		No		Total Cath Labs (Dedicated+Nondedicated labs):	2
Level of Trauma Service	Level 1	Level 2		Cath Labs used for Angiography procedures	2
Operating Rooms Dedicated for Trauma Care		0		Dedicated Diagnostic Catheterization Lab	0
Number of Trauma Visits:		0		Dedicated Interventional Catheterization Labs	0
Patients Admitted from Trauma		0		Dedicated EP Catheterization Labs	0
Emergency Service Type:	Comprehensive			Cardiac Catheterization Utilization	
Number of Emergency Room Stations	12			Total Cardiac Cath Procedures:	414
Persons Treated by Emergency Services:	18,360			Diagnostic Catheterizations (0-14)	0
Patients Admitted from Emergency:	3,217			Diagnostic Catheterizations (15+)	295
Total ED Visits (Emergency+Trauma):	18,360			Interventional Catheterizations (0-14):	0
Free-Standing Emergency Center				Interventional Catheterization (15+)	112
Beds in Free-Standing Centers				EP Catheterizations (15+)	7
Patient Visits in Free-Standing Centers				Cardiac Surgery Data	
Hospital Admissions from Free-Standing Center				Total Cardiac Surgery Cases:	0
Outpatient Service Data				Pediatric (0 - 14 Years):	0
Total Outpatient Visits	41,091			Adult (15 Years and Older):	0
Outpatient Visits at the Hospital/ Campus:	41,091			Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits Offsite/off campus	0			performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment	Examinations				Therapeutic Equipment				Therapies/Treatments
	Owned	Contract	Inpatient	Outpt	Owned	Contract			
General Radiography/Fluoroscopy	13	0	3,480	12,828	0	0	0	0	
Nuclear Medicine	3	0	411	393	0	0	0	0	
Mammography	3	0	0	3,319	0	0	0	0	
Ultrasound	4	0	1,149	8,203	0	0	0	0	
Angiography	2	0							
Diagnostic Angiography			54	27	0	0	0	0	
Interventional Angiography			90	45	0	0	0	0	
Positron Emission Tomography (PET)	0	0	0	0	0	0	0	0	
Computerized Axial Tomography (CAT)	1	0	718	4,575	0	0	0	0	
Magnetic Resonance Imaging	1	0	441	660	0	0	0	0	

Source: 2014 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Section IV

Attachment 7

Charity Care

CHARITY CARE			
	Year 2014	Year 2015	Year 2016
Ratio of Charity Care to Net Patient Revenue	1.4 %	1.2%	1.5%
Net Patient Revenue	\$64,675,562.00	\$62,173,230.00	\$62,009,902.00
Cost of Charity Care	\$914,730.00	\$768,735.00	\$902,016.00

ATTACHMENT 7



CHANGE OF OWNERSHIP EXEMPTION APPLICATION

AUGUST 2018 EDITION

TABLE OF CONTENTS

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**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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September 5, 2018

VIA OVERNIGHT MAIL

Mike Constantino
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd floor
Springfield, IL 62761

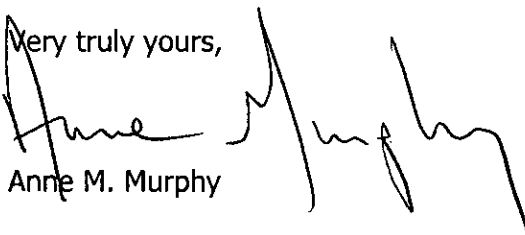
Re: Certificate of Exemption Application-Change of Ownership of VHS Westlake Hospital

Dear Mike:

I enclose an original and one (1) copy of the captioned Certificate of Exemption Application, reflecting the proposed Change of Ownership of VHS Westlake Hospital.

Thank you in advance for your review. Please let me know if you have any questions.

Very truly yours,


Anne M. Murphy

Enclosure

AMM/bp
Enclosure

► ALBANY ► BOSTON ► HARTFORD ► MANCHESTER ► NEW YORK ► PROVIDENCE

HINCKLEY, ALLEN & SNYDER LLP, ATTORNEYS AT LAW
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